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ABSTRACT

This report is the seventh to present nation-wide data on the well-being of U.S. children. The statistical portrait is based on indicators of child well-being and on contextual measures describing the changing population and family context. Part 1 of the report, "Population and Family Characteristics," presents data that illustrate the changes that have taken place during the past few decades in nine measures depicting the context of children's lives, including children as a proportion of the population, racial and ethnic composition, and family structure and children's living arrangements. Part 2 of the report, "Indicators of Children's Well-Being," presents data on 25 key indicators in the areas of economic security, including secure parental employment, and access to health care; health, including a new "overweight" indicator; behavior and social environment, including substance abuse, and youth as victims or perpetrators of violent crimes; and education, including families reading to young children and high school academic course taking. For each background measure in part 1 and indicator in part 2, three components are presented: statements about why the measure or indicator is important, figures showing important facts about trends or population groups, and highlights with information on the current status, recent trends, and important differences by population groups noted. This year's report reveals significant progress in several dimensions of well-being: adolescents are more likely to take honors courses, children

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overall are less likely to die in infancy or in adolescence, young women have continued the downward trend of giving birth in adolescence, and after a decade-long decline, the share of children with married parents has remained unchanged since 1996. Less progress has been realized in the economic security of children. The poverty rate remains stable, the percentage of children with a parent employed full-time declined slightly, and the percentage of households with children that encountered housing problems maintained the same rate since 1995. A special section of the report details changes in the lives of American children from 1990-2000 for selected measures of population and family characteristics, economic security, and education. The report's appendices include detailed data tables and data source descriptions. (HTH)

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Federal Interagency Forum on Child and Family Statistics

America's Children: Key National Indicators of Well-Being 2003

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Forum on
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Federal Interagency Forum on Child and Family Statistics

America's Children: Key National Indicators of Well-Being 2003

Federal Interagency Forum on Child and Family Statistics

The Federal Interagency Forum on Child and Family Statistics was founded in 1994. Executive Order No. 13045 formally established it in April 1997 to foster coordination and collaboration in the collection and reporting of Federal data on children and families. Members of the Forum as of Spring 2003 are listed below.

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Foreword

In 1994, the Office of Management and Budget joined with six other Federal agencies to create the Interagency Forum on Child and Family Statistics. Formally established in April 1997 through Executive Order No. 13045, the Forum was called upon to develop priorities for collecting enhanced data on children and youth, improve the reporting and dissemination of information on the status of children to the policy community and the general public, and produce more complete data on children at the State and local levels. The Forum, which now has participants from 20 Federal agencies as well as partners in private research organizations, fosters coordination, collaboration, and integration of Federal efforts to collect and report data on conditions and trends for children and families.

America's Children: Key National Indicators of Well-Being, 2003 is the seventh report in an annual series prepared by the Forum agencies. As in past years, readers will find here an accessible compendium of indicators—drawn from the most reliable official statistics—illustrative of both the promises and the difficulties confronting our Nation's young people. The report presents 25 key indicators on important aspects of children's lives. These indicators are easy to understand by broad audiences, objectively based on substantial research connecting them to reliable data on child well-being, balanced so that no single area of children's lives dominates the report, measured regularly so that they can be updated to show trends over time, and representative of large segments of the population rather than one particular group. The report also presents data on nine contextual measures that describe changes in the characteristics of the population as well as in children's family settings and living arrangements.

As has been the case in previous volumes, this report includes a Population and Family Characteristics section that provides key contextual measures, followed by sections that present key indicators in four domains—Economic Security, Health, Behavior and Social Environment, and Education. This year's report reflects several significant improvements. First, the section on Health Indicators has been expanded to include the percentage of overweight children as a regular key indicator. Second, there are two new measures that will be included each year in the Population and Family Characteristics section—the percentage of children living with at least one parent who was foreign-born and the percentage of children being exposed to secondhand smoke. Third, users of past volumes of *America's Children* will see that the Summary List of Indicators has been expanded to include three Population and Family Characteristics measures. And, finally, this year's special feature highlights changes in the lives of America's children for nine key indicators, based on 1990 and 2000 decennial census data for all 50 States and the District of Columbia. The Forum has long recognized the importance of state-level data and welcomes this opportunity to provide new information to our readers.

Each volume of *America's Children* highlights critical data gaps and challenges Federal statistical agencies to do better. Forum agencies are meeting that challenge by working to provide more comprehensive and consistent information on the condition and progress of our Nation's children. Since the last report, Forum agencies have continued efforts to strengthen some indicators and to close critical data gaps, particularly in areas such as family structure and formation, the mental health of children, and positive behaviors associated with improved child development.

The value of the *America's Children* reports and the extraordinary cooperation they represent reflect the Forum's innovative, determined spirit to advance our understanding of where our children are today and what may be needed to bring them a better tomorrow. The Forum agencies should be congratulated once again this year for joining together to address their common goals: developing a truly comprehensive set of indicators on the well-being of America's children and ensuring that this information is readily accessible in both content and format. Their accomplishments reflect the dedication of the Forum agency staff members who coordinate the assessment of data needs, evaluate strategies to make data presentations more consistent, and work together to produce important publications and provide these products on the Forum's website: *http://childstats.gov.* Last but not least, none of this work would be possible without the continued cooperation of millions of American citizens who willingly provide the data that are summarized and analyzed by staff in the Federal agencies.

We invite you to suggest ways in which we can enhance this annual portrait of the Nation's most valuable resource: its children. I applaud the Forum's collaborative efforts in producing this seventh annual report and hope that our compendium will continue to be useful in your work.

Katherine K. Wallman
Chief Statistician
Office of Management and Budget

Acknowledgments

This report reflects the commitment and involvement of the members of the Federal Interagency Forum on Child and Family Statistics. It was prepared by the Writing Subcommittee of the Reporting Committee of the Forum. This year, the subcommittee was chaired by Kristin Smith, U.S. Census Bureau. Other committee members included Julia Rhodes and John Kiely, National Center for Health Statistics; Dawn Aldridge, Food and Nutrition Service; David Johnson, Bureau of Labor Statistics; Patrick Rooney, National Center for Education Statistics; Janet Chiancone, Office of Juvenile Justice and Delinquency Prevention; Daniel Axelrad and Edward Chu, Environmental Protection Agency; and Kathy Nelson, Department of Housing and Urban Development.

The Reporting Committee of the Forum, chaired by Kristin Smith, guided the development of the new indicators. Members of the Reporting Committee not represented on the Writing Subcommittee included Linda Gordon, Bureau of Citizenship and Immigration Services; Laura Montgomery, Gloria Simpson, and Barbara Foley Wilson, National Center for Health Statistics; Robert Kominski, U.S. Census Bureau; Jeff Evans, National Institute of Child Health and Human Development; Meredith Kelsey, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services; Woodie Kessel, Office of Disease Prevention and Health Promotion; Zahid Khawaja, National Highway Traffic Safety Administration; Russ Scarato and Stella Yu, Maternal and Child Health Bureau; and Susan Schechter, Office of Management and Budget.

Other staff members of the Forum agencies provided data, developed indicators, or wrote parts of the report. They include Joseph Dalaker, Jason Fields, Arjun Adlakha, Shailesh Bhandari, Julia Overturf, Gregg Robinson, and Kirsten West, U.S. Census Bureau; Patsy Klaus and Michael Rand, Bureau of Justice Statistics; Howard Hayghe, Rowena Johnson, and Robert McIntire, Bureau of Labor Statistics; Lawrence Barker, Centers for Disease Control and Prevention; Peter Basiotis, Mark Lino, and Andrea Carlson, Center for Nutrition Policy and Promotion; Chris Chapman, National Center for Education Statistics; Robin Cohen, Cathy Duran, Lois Fingerhut, Donna Hoyert, and Stephanie Ventura, National Center for Health Statistics; Barbara Allen-Hagen, Office of Juvenile Justice and Delinquency Prevention; James Colliver, National Institute on Drug Abuse; and Mark Nord, Economic Research Service.

Other individuals who assisted with the report included Yupin Bae, Pinkerton Computer Consultants, Inc.; and DeeAnn Brimhall and Linda Shafer, Education Statistics Services Institute.

Westat, in support of the U.S. Census Bureau, assisted the committee in producing the report. Janice Kociol coordinated and managed the production of the report, including preparing files for agency updates and providing assistance to the Reporting Committee. Christine Winquist Nord provided technical guidance. Kevin O'Donnell and Alison Fields provided substantive and technical guidance and reviewed all edits and data-related issues. Denise Pinkowitz assisted in the preparation of the report.

The following additional staff members made valuable contributions in their reviews of the report: Deborah Klein, Bureau of Labor Statistics; Steven Carlson, Food and Nutrition Service; Michael Kogan, Maternal and Child Health Bureau; Shelley Burns, Val Plisko, and Jerry West, National Center for Education Statistics; Jennifer Madans, National Center for Health Statistics; Caroline Wolf Harlow, National Institute of Justice; Robin Levine, U.S. Census Bureau; and Richard Bavier, Office of Management and Budget.

Carole Benson of Westat edited the report. Design contributions came from Westat's Graphic Arts Department, which designed the cover and flag pages, produced and updated the report's tables and figures, and updated and laid out the text. The logo was developed by John Jeter of the National Center for Health Statistics. Barbara Blount, U.S. Census Bureau, coordinated the printing of the report. The National Maternal and Child Health Clearinghouse distributed the report for the Forum.

Highlights

America's Children: Key National Indicators of Well-Being, 2003 is the seventh annual report to the Nation on the condition of children in America. Nine contextual measures describe the changing population, family, and environmental context in which children are living, and 25 indicators depict the well-being of children in the areas of economic security, health, behavior and social environment, and education. This year's report has a special section featuring decennial census data that portrays changes in the lives of America's children from 1990 to 2000 for all States and the District of Columbia for nine indicators.

It is noteworthy that this year *America's Children* introduces an overweight indicator as a new measure of children's health. Children in America are more likely to be overweight than in previous years, and there are significant differences between boys and girls, as well as among racial and ethnic groups. The prevalence of overweight children has emerged as a serious public health concern; tracking this indicator in *America's Children* provides data on an essential dimension of child well-being. This year's report reveals significant progress in several other dimensions of child well-being. Adolescents are more likely to take honors courses, children overall are less likely to die in infancy or in adolescence, and young women have continued the downward trend of giving birth in adolescence. After a steady, decades-long decline, the share of children with married parents has remained unchanged since 1996. In light of the large body of research linking family structure to many of the other indicators in this report, this is an important finding. Less progress, however, has been realized in the economic security of children. After many years of decline, the poverty rate remained stable. In addition, the percentage of children with a parent employed full time declined slightly, and the percentage of households with children that had any housing problems has maintained the same rate since 1995. Yet, the percentage of children covered by health insurance maintained the all-time high. These are some of the highlights gleaned from *America's Children: Key National Indicators of Well-Being, 2003.*

Part I: Population and Family Characteristics

- In 2001, there were 72.6 million children under age 18 in the United States, or 25 percent of the population, down from a peak of 36 percent at the end of the baby boom (1964). Children are projected to remain a substantial percentage of the total population, and are projected to comprise 24 percent of the population in 2020.
- The racial and ethnic diversity of America's children continues to increase. In 2000, 64 percent of U.S. children were White, non-Hispanic; 15 percent were Black, non-Hispanic; 4 percent were Asian/Pacific Islander; and 1 percent were American Indian/Alaska Native. The proportion of Hispanic children has increased faster than that of any other racial and ethnic group, growing from 9 percent of the child population in 1980 to 16 percent in 2000.
- Between 1980 and 1994, the rate of childbearing by unmarried women rose sharply for women of all ages. For all age groups combined, this trend ended in 1994. Birth rates for unmarried teenagers have dropped considerably since 1994, while increases in rates for women in their 20s and older have slowed. In 2001, the overall birth rate was 44 births per 1,000 unmarried women ages 15-44.
- In 2002, 69 percent of children under age 18 lived with two married parents, down from 77 percent in 1980. However, the percentage has remained stable since 1995, ending a decades-long downward trend.
- Children's exposure to secondhand smoke, as indicated by blood cotinine levels, dropped between 1988-1994 and 1999-2000. Overall, 64 percent of children ages 4 to 11 had cotinine in their blood in 1999-2000, down from 88 percent in 1988-1994. In 1999-2000, 18 percent had blood cotinine levels more than 1.0 nanograms per milliliter, down from 26 percent in 1988-1994.

Part II: Indicators of Children's Well-Being

Economic Security Indicators

- The poverty rate for children living with family members has decreased substantially since 1993, when it reached a high of 22 percent. The rate decreased to 16 percent in 2000 and has remained stable since.
- Despite the stall in the overall decline in child poverty, the rate continued to decline for Black children in female-householder families (47 percent in 2001 compared with 49 percent in 2000).
- In 2001, 36 percent of U.S. households with children had one or more of the following three housing problems: physically inadequate housing, crowded housing, or housing that cost more than 30 percent of the household income. Fueled by rising housing costs, this rate rose from 30 percent in 1978 to 36 percent in 1995, and has remained stable since.
- In 2001, the percentage of children covered by health insurance maintained the all-time high of 88 percent that was attained in 2000. While government health insurance coverage has continued its upward trend since 1999, the proportion of children covered by private health insurance dropped slightly in 2001, reversing the upward trend since 1994.

Health Indicators

- The proportion of children ages 6 to 18 who were overweight increased from 6 percent in 1976-1980 to 15 percent in 1999-2000. Racial, ethnic, and gender disparities exist, such that in 1999-2000, Black, non-Hispanic girls and Mexican American boys were at particularly high risk of being overweight (24 percent and 29 percent, respectively).

- The infant mortality rate has decreased steadily from a high of 10.9 deaths per 1,000 births in 1983 to a low of 6.9 deaths per 1,000 births in 2000. Infant mortality has dropped for all racial and ethnic groups since 1983, but substantial racial and ethnic disparities persist, with the Black, non-Hispanic infant mortality rate consistently higher than that of other racial or ethnic groups.

- Adolescent mortality has steadily declined throughout the 1990s, from 89 deaths per 100,000 in 1991 to an all-time low of 67 deaths per 100,000 in 2000.

- Deaths from firearm injuries among adolescents declined between 1994 and 2000, particularly among Black and Hispanic males. For example, from 1994 to 2000, the firearm homicide rate declined from 126 to 52 deaths per 100,000 Black males and from 49 to 22 deaths per 100,000 Hispanic males.

- The birth rate for adolescents continued to decline in 2001 to 25 births per 1,000 females ages 15 to 17, representing the lowest rate ever recorded.

- The decrease in adolescent births is apparent for all racial and ethnic groups and is notable among Black adolescents. The birth rate among Black, non-Hispanic females ages 15 to 17 dropped by nearly half between 1991 and 2001 (from 86 to 45 births per 1,000, respectively), completely reversing the increase from 1986 to 1991.

Behavior and Social Environment Indicators

- In 2001, daily cigarette use among 8th-, 10th-, and 12th-graders reached its lowest point since the beginning of the Monitoring the Future Survey (5 percent, 10 percent, and 17 percent, respectively), continuing the downward trend that began in 1997 for 12th-graders and in 1996 for 10th- and 8th-graders.

- From 2001 to 2002, the proportion of 10th-graders reporting episodic heavy drinking (i.e., having at least five drinks in a row at least once in the previous 2 weeks) declined from 25 percent to 22 percent. Rates remained stable from 2001 to 2002 among 8th- and 12th-graders, with 12 and 29 percent, respectively, reporting this type of alcohol consumption in 2002.

- Between 2001 and 2002, illicit drug use in the past 30 days declined from 23 percent to 21 percent among 10th-graders. One-quarter of 12th-graders and one-tenth of 8th-graders reported past-30-day illicit drug use in 2002, unchanged from the previous year.

Education Indicators

- The percentage of high school graduates who had taken honors-level English courses increased from 29 percent in 1998 to 34 percent in 2000. The percentage of 2000 high school graduates taking advanced mathematics, science, English, and foreign language courses has increased significantly since 1982.

- In 2002, the percentage of 25- to 29-year-olds who attained a bachelor's degree or higher remained at an all-time high of 29 percent. The percentage of White, non-Hispanic 25- to 29-year-olds with a bachelor's degree increased from 33 percent in 2001 to 36 percent in 2002.

Special Feature

- In 2000, 68 percent of children under 18 years old lived in married-couple families, down from 72 percent in 1990. The decline in children living in married-couple families occurred in all States in the Nation, with several States showing a decrease of about 7 percentage points. New Jersey had a small decrease (1.7 percentage points), from 74 percent in 1990 to 72 percent in 2000.

- In 2000, 19 percent of children lived in crowded housing, up from 16 percent a decade earlier. In Nevada, a rapidly-growing State, the proportion of children living in crowded housing increased from 20 percent in 1990 to 27 percent in 2000, the largest increase in the Nation. However, the largest decrease was found in Texas, where the rate decreased from 25 percent in 1990 to 15 percent in 2000.

- Nationally, the proportion of children ages 3 to 5 enrolled in preprimary education rose from 42 percent in 1990 to 61 percent in 2000, representing an increase of 19 percentage points. Geographic variation in preprimary education among children ages 3 to 5 is apparent, with most of the smaller increases clustered among the Western states. Georgia, a Southern state, had the largest increase, from 41 percent in 1990 to 67 percent in 2000.

Summary List of Selected Measures and Indicators of Child Well-Being

Indicator Name	**Description of Measure or Indicator**	**Previous Year of Data** *Value (Year)*	**New Data** *Value (Year)*	**Change[a] Between Years**
Population and Family Characteristics (selected measures)				
Difficulty speaking English	Percentage of children ages 5 to 17 who speak a language other than English at home and have difficulty speaking English	5.1 (1995)	5.0 (1999)	NS
Family structure and children's living arrangements	Percentage of children under age 18 living with two married parents	69 (2001)	69 (2002)	NS
Births to unmarried women	Percentage of all births that are to unmarried women	33 (2000)	34 (2001)	▲
Economic Security				
Child poverty and family income	Percentage of related children under age 18 in poverty	16 (2000)	16 (2001)	NS
Secure parental employment	Percentage of children under age 18 living with parents with at least one parent employed full time all year	80 (2000)	79 (2001)	NS
Housing problems	Percentage of households with children under age 18 that report housing problems	35 (1999)	36 (2001)	NS
Food security and diet quality	Percentage of children under age 18 in households reporting child hunger due to food insecurity	0.7 (1999)	0.6 (2001)	NS
	Percentage of children ages 2 to 6 with a good diet	20 (1994-1996)	20 (1999-2000)	NS
Access to health care	Percentage of children under age 18 covered by health insurance	88 (2000)	88 (2001)	NS
	Percentage of children under age 18 with no usual source of health care	7 (2000)	6 (2001)	▼
Health				
General health status	Percentage of children under age 18 in very good or excellent health	82 (2000)	83 (2001)	NS
Activity limitation	Percentage of children ages 5 to 17 with any limitation in activity resulting from chronic conditions	7 (2000)	8 (2001)	▲
Overweight	Percentage of children ages 6 to 18 who are overweight	11 (1988-1994)	15 (1999-2000)	▲
Childhood immunization	Percentage of children ages 19 to 35 months who received combined series immunization coverage	76 (2000)	77 (2001)	NS

Legend: NS = No significant change ▲ = Significant increase ▼ = Significant decrease — = not applicable

[a] Change noted is statistically significant.

Summary List of Selected Measures and Indicators of Child Well-Being

Indicator Name	Description of Measure or Indicator	Previous Year of Data *Value (Year)*	New Data *Value (Year)*	Change[a] Between Years
Health (cont.)				
Low birthweight	Percentage of infants weighing less than 5.5 pounds at birth	7.6 (2000)	7.7 (2001)	▲
Infant mortality	Deaths before the first birthday per 1,000 live births	7.0 (1999)	6.9 (2000)	▼
Child mortality	Deaths per 100,000 children ages 1 to 4	35 (1999)	32 (2000)	▼
	Deaths per 100,000 children ages 5 to 14	19 (1999)	18 (2000)	▼
Adolescent mortality	Deaths per 100,000 adolescents ages 15 to 19	69 (1999)	67 (2000)	NS
Adolescent births	Births per 1,000 females ages 15 to 17	27 (2000)	25 (2001)	▼
Behavior and Social Environment				
Regular cigarette smoking	Percentage of 8th-grade students who reported smoking daily in the previous 30 days	5.5 (2001)	5.1 (2002)	NS
	Percentage of 10th-grade students who reported smoking daily in the previous 30 days	12 (2001)	10 (2002)	▼
	Percentage of 12th-grade students who reported smoking daily in the previous 30 days	19 (2001)	17 (2002)	▼
Alcohol use	Percentage of 8th-grade students who reported having five or more alcoholic beverages in a row in the last 2 weeks	13 (2001)	12 (2002)	NS
	Percentage of 10th-grade students who reported having five or more alcoholic beverages in a row in the last 2 weeks	25 (2001)	22 (2002)	▼
	Percentage of 12th-grade students who reported having five or more alcoholic beverages in a row in the last 2 weeks	30 (2001)	29 (2002)	NS
Illicit drug use	Percentage of 8th-grade students who have used illicit drugs in the previous 30 days	12 (2001)	10 (2002)	NS
	Percentage of 10th-grade students who have used illicit drugs in the previous 30 days	23 (2001)	21 (2002)	▼
	Percentage of 12th-grade students who have used illicit drugs in the previous 30 days	26 (2001)	25 (2002)	NS
Youth victims and perpetrators of serious violent crimes	Rate of serious violent crime victimizations per 1,000 youth ages 12 to 17	20 (1999)	16 (2000)	NS
	Serious violent crime offending rate per 1,000 youth ages 12 to 17	26 (1999)	17 (2000)	NS

Legend: NS = No significant change ▲ = Significant increase ▼ = Significant decrease — = not applicable

[a] Change noted is statistically significant.

Summary List of Selected Measures and Indicators of Child Well-Being

Indicator Name	Description of Measure or Indicator	Previous Year of Data *Value (Year)*	New Data *Value (Year)*	Change[a] Between Years
Education				
Family reading to young children	Percentage of children ages 3 to 5 who are read to every day by a family member	54 (1999)	58 (2001)	▲
Early childhood care and education	Percentage of children ages 3 to 5 who are enrolled in early childhood centers	60 (1999)	56 (2001)	▼
Mathematics and reading achievement (0-500 scale)	Average mathematics scale score of			
	9-year-olds	231 (1996)	232 (1999)	NS
	13-year-olds	274 (1996)	276 (1999)	NS
	17-year-olds	307 (1996)	308 (1999)	NS
	Average reading scale score of			
	9-year-olds	213 (1996)	212 (1999)	NS
	13-year-olds	258 (1996)	259 (1999)	NS
	17-year-olds	288 (1996)	288 (1999)	NS
High school academic coursetaking	Percentage of high school graduates who completed high-level coursework in			
	mathematics	41 (1998)	45 (2000)	NS
	science	62 (1998)	63 (2000)	NS
	English	29 (1998)	34 (2000)	▲
	foreign language	30 (1998)	30 (2000)	NS
High school completion	Percentage of young adults ages 18 to 24 who have completed high school	87 (2000)	87 (2001)	NS
Youth neither enrolled in school nor working	Percentage of youth ages 16 to 19 who are neither in school nor working	9 (2001)	9 (2002)	NS
Higher education	Percentage of high school graduates ages 25 to 29 who have completed a bachelor's degree or higher	29 (2001)	29(2002)	NS

Legend: NS = No significant change ▲ = Significant increase ▼ = Significant decrease — = not applicable

[a] Change noted is statistically significant.

About This Report

America's Children: Key National Indicators of Well-Being, 2003, developed by the Federal Interagency Forum on Child and Family Statistics, is the seventh annual synthesis of information on the status of the Nation's most valuable resource, our children. This report presents 25 key indicators of the well-being of children. These indicators are monitored through official Federal statistics covering children's economic security, health, behavior and social environment, and education. The report also presents data on nine key contextual measures and includes a special section featuring 1990 and 2000 decennial census data for all fifty states and the District of Columbia. The 20 agencies of the Forum have also introduced improvements in the measurement of several of the indicators presented last year.

Purpose of *America's Children: Key National Indicators of Well-Being*

This report provides the Nation with a broad annual summary of national indicators of child well-being and monitors changes in these indicators over time. The Forum hopes that this report will stimulate discussions by policy-makers and the public, exchanges between the data and policy communities, and improvements in Federal data on children and families. In so doing, the Forum hopes that this report will lead to improvements in the well-being of America's children.

The Federal Interagency Forum on Child and Family Statistics

The Forum is a formal structure for collaboration among 20 Federal agencies that produce or use statistical data on children and families. The members of the Forum are listed on the back of the cover page. Building on earlier cooperative activities, the Forum was founded in 1994. It was formally established by Executive Order No. 13045 in 1997 to foster the coordination and integration of the collection and reporting of data on children and families. The two major publications produced by the Forum are *America's Children: Key National Indicators of Well-Being* (produced annually since 1997) and *Nurturing Fatherhood: Improving Data and Research on Male Fertility, Family Formation and Fatherhood* (June 1998). The Forum also sponsored the *Counting Couples Workshop* in 2001 to evaluate the data available and the measurement of marriage, divorce, remarriage, and cohabitation. The Forum's primary missions are to develop ways to improve consistency and enhance the collection of data on children, youth, and families and to improve the reporting and dissemination of information on the status of children and families to the policy community and the general public.

Structure of the report

America's Children: Key National Indicators of Well-Being, 2003 is intended to present information and data on the well-being of children in a nontechnical, user-friendly format. It is designed to complement other more technical or comprehensive reports produced by the Forum agencies. The report is divided into two parts. The first part of the report, *Population and Family Characteristics*, presents data that illustrate the changes that have taken place during the past few decades in nine measures depicting the context of children's lives. These background measures provide a foundation for understanding the key indicators and the child population. They provide basic information about children in the United States and the social and demographic changes occurring in the child population. These data answer questions such as: How many children are there in the United States? What proportion of the population is under age 18? How racially and ethnically diverse are our children? How many have difficulty speaking English? In what types of families do they live? What is the quality of their environment? The second part, *Indicators of Children's Well-Being*, contains data on key indicators of how well we are doing in providing economic security, educational opportunity, and a healthy and safe environment in which children can play, learn, and grow. Unlike the data presented in Part I of the report, which simply describe the changing context in which children live, the data in Part II offer insight into how well children are faring by providing information in four key areas of child well-being: economic security, health, behavior and social environment, and education. For each background measure in *Part I: Population and Family Characteristics*, and each indicator in *Part II: Indicators of Children's Well-Being*, three components are presented:

- *Statements* about why the measure or indicator is important to understanding the condition of children;
- *Figures* showing important facts about trends or population groups; and
- *Highlights* with information on the current status, recent trends, and important differences by population groups noted.

In addition, Appendix A: Detailed Tables contains tabulated data for each measure and additional detail not discussed in the main body of the report. Appendix B: Data Source Descriptions contains descriptions of the sources and surveys used to generate the background measures and the indicators.

Aspects of child well-being depicted in this report

America's Children: Key National Indicators of Well-Being, 2003 covers four domains of child well-being: economic security, health, behavior and social environment, and education. The economic security indicators document poverty and income among children and the accessibility of basic necessities such as food, housing, and health care. The health indicators document the physical health and well-being of children by presenting information on their health status, immunization coverage, death rates, and teenage births. The behavioral and social environment indicators present information about young people's participation in illegal or high-risk behaviors, such as smoking, drinking alcohol, using illicit drugs, and engaging in serious violent crimes. Finally, the education indicators examine how well we are succeeding in educating our children, including preschoolers' exposure to reading and early education, measures of student achievement, rigorous coursetaking in high school, and indicators of how many young adults complete high school and college.

Special feature

At the end of *Part II, America's Children: Key National Indicators of Well-Being, 2003* presents a special section featuring 1990 and 2000 decennial census data. Special features present measures that are either not available with sufficient frequency to be considered as regular key indicators, or are new regular measures that the Forum believes merit special attention when first introduced into the *America's Children* report. In both cases, special features provide important information on child well-being. This year's special feature highlights change in the lives of America's children using 1990 and 2000 decennial census data for all 50 States and the District of Columbia. The Forum welcomes the opportunity to recognize the importance of state-level data.

Changes since last year

America's Children: Key National Indicators of Well-Being, 2003 is similar to last year's report in both format and content. While most of the indicators presented last year have been included and updated, the Forum has worked to improve the report in a number of important ways. Some changes reflect improvements in the availability of data for certain key indicators. Some changes clarify the concept being measured or expand the indicator substantively. This year, the section on Health indicators has been expanded to include children who are overweight as a regular key indicator. In addition, two new measures are included in the *Population and Family Characteristics* section—children living with at least one foreign-born parent and children's exposure to secondhand smoke. Changes were made to the *Summary List of Indicators* by including three *Population and Family Characteristics* measures. Finally, improvements were made to the activity limitation indicator. The changes reflect the many helpful comments and suggestions for improvements that were received from readers and users of the previous reports.

Children included in this report

In order to convey a comprehensive understanding of child well-being, the report looks at the status of all children under age 18 living in the United States. A few indicators provide data on older youth and young adults (persons ages 18 to 29). In most cases throughout the report, the word "children" refers to any person under age 18 living in a civilian or noninstitutionalized setting in the United States. In some other cases, such as vital statistics, all children are included. When data are being presented only for specific age groups, this is indicated in the text (e.g., children ages 1 to 4). As is also noted in the text, some indicators examine only particular groups of children (e.g., children living in family settings, children living with parents, children in certain age groups or grade levels). For most of the indicators, the relevant information has been reported by an adult in the household or family and not directly by the children.

In many cases, we have also presented the data on children by race and Hispanic origin. In most cases, Hispanics have been separated from the White and Black categories and "non-Hispanic" follows the race designation, such as "White, non-Hispanic." In some cases, data for Hispanics were not available or could not be separated from data for race groups. In these cases, data for race groups (White, Black, American Indian/Alaska Native, and Asian/Pacific Islander) include Hispanics.

Selection of the key indicators

America's Children: Key National Indicators of Well-Being, 2003 presents a selected set of key indicators of enduring interest that measure critical aspects of children's lives and are collected rigorously and regularly by Federal agencies. The Forum chose these indicators through careful examination of available data. In determining this list of key indicators, the Forum sought input from the Federal policy-making community, foundations, academic researchers, and State and local children's service providers. These indicators were chosen because they are:

- *Easy to understand* by broad audiences;
- *Objectively based* on substantial research connecting them to child well-being and using reliable data;
- *Balanced* so that no single area of children's lives dominates the report;
- *Measured regularly* so that they can be updated and show trends over time; and
- *Representative* of large segments of the population, rather than one particular group.

Data sources

Data for the key indicators are drawn primarily from national surveys and vital records. Federal agencies regularly survey the population on many issues. Some national surveys use interviewers to gather information on children through a variety of methods, including speaking directly, by telephone or in person, with families selected through rigorous sampling methods. Other surveys use questionnaires distributed directly to youth to ask about their behavior. In addition, some national data collection efforts directly assess students by giving them tests or by asking them to perform certain tasks. Federal agencies collect information on births and deaths from State health departments. These nationally representative surveys, along with data collected through vital statistics, provide the best available measures of the condition of U.S. children. Administrative data from social service agencies were not used for measures in this report. The availability and quality of such data can be affected by policy differences among agencies in various local areas and by resource constraints. Further information on data sources for this report is provided in *Appendix B: Data Source Descriptions.*

In the text of this report, percentages and rates are rounded to the nearest whole number, unless rounding would mask significant differences. The text discusses changes over time or between-group differences only when differences are statistically significant.

Additional data needed

America's Children: Key National Indicators of Well-Being, 2003 identifies critical gaps in the data available on children and youth. It challenges the Nation as a whole—and the Federal statistical agencies in particular—to improve the monitoring of important areas of children's lives. It also challenges Federal agencies to improve the timeliness with which information on children is made available to policymakers and the public.

At the end of *Part I: Population and Family Characteristics* and at the end of each section in *Part II: Indicators of Children's Well-Being,* the report presents a description of data and measures of child well-being in need of development. These lists include many important aspects of children's lives for which regular indicators are lacking or are in development, such as homelessness, long-term poverty, mental health, disability, neighborhood environment, and early childhood development. In some of these areas, the Forum is exploring ways to collect new measures and improve existing ones. In others, Forum agencies have successfully fielded surveys incorporating some new measures but they are not yet available on a regular basis for monitoring purposes.

For further information

There are several good places to obtain additional information on each of the indicators found in this report. First, for many of the indicators, *Appendix A: Detailed Tables* contains additional detail not discussed in the main body of the report. For example, some tables show additional breakouts by gender, race and Hispanic origin, or another category. Second, *Appendix B: Data Source Descriptions* contains information and descriptions of the sources and surveys used to generate the indicators as well as information on how to contact the agency responsible for collecting the data or administering the relevant survey. Third, numerous publications of the Federal statistical agencies provide additional detail on each of the key indicators included in this report, as well as on scores of other indicators. These reports include *Trends in the Well-Being of America's Children and Youth,* published annually by the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services; *The Condition of Education,* published annually by the National Center for Education Statistics; and *Health, United States,* published annually by the National Center for Health Statistics. Often these compendia contain additional details not reported in *America's Children. Appendix B: Data Source Descriptions* also contains a list of agency contacts who can provide further information on the relevant surveys and indicators. Finally, the Forum's website, *http://childstats.gov,* contains many links to Forum agency publications that often provide more detail about the indicators in this report.

America's Children on the Internet

The report can be found on the World Wide Web at *http://childstats.gov.* The website version of the report contains all data for years that are presented in the figures but not in the tables in this report. The Forum's website also contains information on the overall structure and organization of the Forum, as well as other reports, and news on current activities.

Also found on the website are links to international comparative data and related reports of Forum agencies and other organizations providing more detailed data. The website addresses of the Forum agencies are found below.

Agency Websites

Federal Interagency Forum on Child and Family Statistics:
http://childstats.gov

Department of Agriculture
Food and Nutrition Service:
http://www.fns.usda.gov

Department of Commerce
U.S. Census Bureau:
http://www.census.gov

Department of Defense
Office of the Deputy Assistant Secretary of Defense (Personnel Support, Families and Education):
http://mfrc.calib.com

Department of Education
National Center for Education Statistics:
http://nces.ed.gov

Department of Health and Human Services
Administration for Children and Families:
http://www.acf.dhhs.gov
Agency for Healthcare Research and Quality:
http://www.ahrq.gov
Maternal and Child Health Bureau:
http://www.mchb.hrsa.gov
National Center for Health Statistics:
http://www.cdc.gov/nchs
National Institute of Child Health and Human Development:
http://www.nichd.nih.gov
National Institute on Drug Abuse:
http://www.nida.nih.gov
Office of the Assistant Secretary for Planning and Evaluation:
http://aspe.os.dhhs.gov

Department of Housing and Urban Development
Office of Policy Development and Research:
http://www.huduser.org

Department of Justice
Bureau of Justice Statistics:
http://www.ojp.usdoj.gov/bjs
National Institute of Justice:
http://www.ojp.usdoj.gov/nij
Office of Juvenile Justice and Delinquency Prevention:
http://www.ojjdp.ncjrs.org

Department of Labor
Bureau of Labor Statistics:
http://www.bls.gov
Women's Bureau:
http://www.dol.gov/wb

Department of Transportation
National Highway Traffic Safety Administration:
http://www.nhtsa.dot.gov

Environmental Protection Agency
Office of Children's Health Protection:
http://yosemite.epa.gov/ochp/ochpweb.nsf/homepage

National Science Foundation
Division of Science Resources Statistics:
http://www.nsf.gov/sbe/srs

Office of Management and Budget
Statistical and Science Policy Office:
http://www.whitehouse.gov/omb/inforeg/statpolicy.htm

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PART I

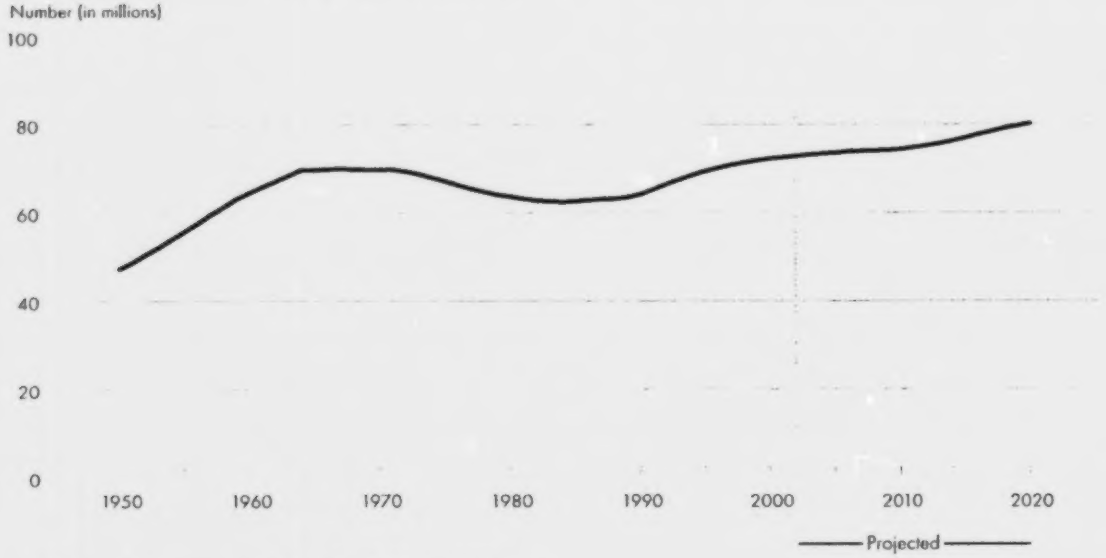
Population and Family Characteristics

Part I: *Population and Family Characteristics* presents data that illustrate the changes in the population and family contexts in which America's children are being raised. Nine key measures present data on trends in the size and composition of the child population, the composition of their families, and the environment in which they live. The background measures provide an important context for understanding the key indicators of well-being presented in Part II.

Child Population

The number of children determines the demand for schools, health care, and other services and facilities that serve children and their families.

Figure POP1 **Number of children under age 18 in the United States, 1950-2001 and projected 2002-20**



NOTE: Population projections are based on the Census 2000 counts.
SOURCE: U.S. Census Bureau, Population Estimates and Projections.

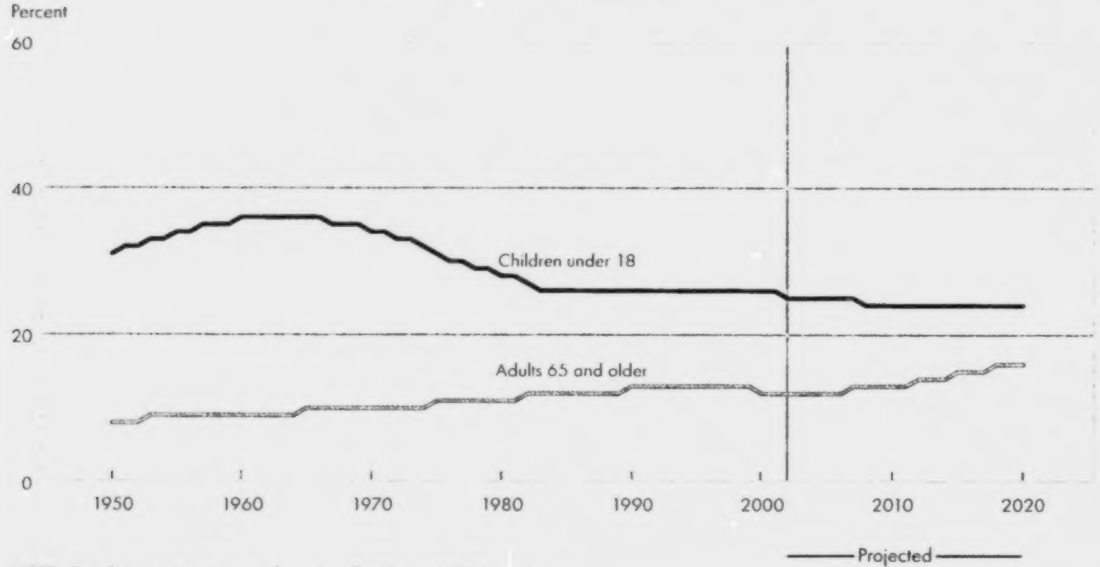
- In 2001, there were 72.6 million children in the United States, 300,000 more than in 2000. This number is projected to increase to 80.3 million in 2020.
- The number of children under 18 has grown during the last half-century, increasing about half again since 1950.
- During the "baby boom" (1946 to 1964), the number of children grew rapidly.
- During the 1970s and 1980s, the number of children declined and then grew slowly.
- Beginning in 1990, the rate of growth in the number of children increased, although not as rapidly as during the baby boom.
- In 2001, there were approximately equal numbers of children—between 23 and 25 million—in each age group 0 to 5, 6 to 11, and 12 to 17 years of age.

Bullets contain references to data that can be found in Table POP1 on page 75.

Children as a Proportion of the Population

Though children represent a smaller percentage of the population today than in 1960, they are nevertheless a stable and substantial portion of the population.

Figure POP2 **Children under age 18 and adults ages 65 and older as a percentage of the U.S. population, 1950-2001 and projected 2002-20**



NOTE: Population projections are based on the Census 2000 counts.

SOURCE: U.S. Census Bureau, Population Estimates and Projections.

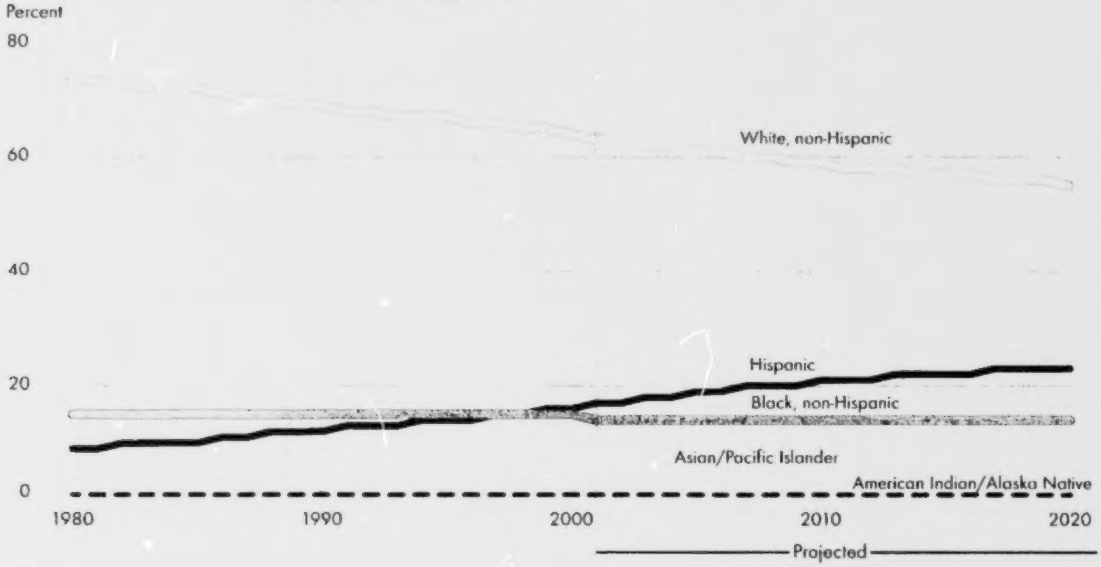
- In 2001, children made up 25 percent of the population, down from a peak of 36 percent at the end of the "baby boom."
- Since the mid-1960s, children have been decreasing as a proportion of the total U.S. population.
- Children are projected to remain a fairly stable percentage of the total population. They are projected to comprise 24 percent of the population in 2020.
- In contrast, senior citizens (adults ages 65 and older) have increased as a percentage of the total population since 1950, from 8 to 12 percent in 2001. By 2020, they are projected to make up 16 percent of the population.
- Together, children and senior citizens make up the "dependent population" (those persons who, because of their age, are less likely to be employed than others). In 1950, children made up 79 percent of the dependent population; by 2001, they made up 67 percent. This percentage is expected to continue to decrease, to 60 percent in 2020.

Bullets contain references to data that can be found in Table POP2 on page 76.

Racial and Ethnic Composition

Racial and ethnic diversity has grown dramatically in the United States in the last three decades. This increased diversity appeared first among children, and later in the older population and is projected to increase even more in the decades to come.

Figure POP3 **Percentage of children under age 18 by race and Hispanic origin, 1980-2000 and projected 2001-20**



NOTE: All population figures for the year 2000 shown here are estimates based on the 1990 U.S. Census; they do not reflect Census 2000 counts. Population figures for 2001-20 are projections.

SOURCE: U.S. Census Bureau, Population Estimates and Projections.

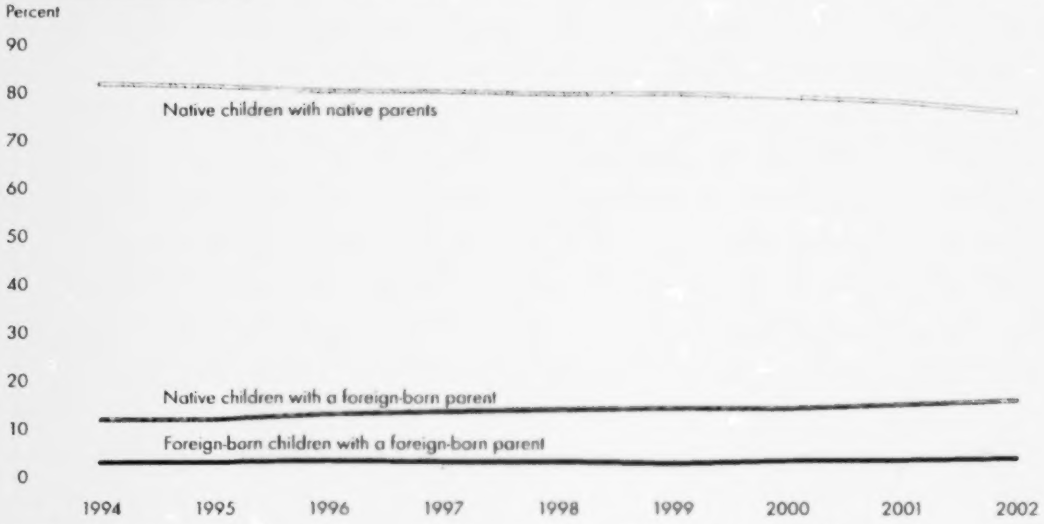
- In 2000, 64 percent of U.S. children were White, non-Hispanic; 16 percent were Hispanic; 15 percent were Black, non-Hispanic; 4 percent were Asian/Pacific Islander; and 1 percent were American Indian/Alaska Native.
- The percentage of children who are White, non-Hispanic has decreased from 74 percent in 1980 to 64 percent in 2000.
- The percentages of Black, non-Hispanic and American Indian/Alaska Native children have been fairly stable during the period from 1980 to 2000.
- The number of Hispanic children has increased faster than that of any other racial and ethnic group, growing from 9 percent of the child population in 1980 to 16 percent in 2000. By 2020, it is projected that more than 1 in 5 children in the United States will be of Hispanic origin.
- The percentage of Asian/Pacific Islander children doubled from 2 to 4 percent of all U.S. children between 1980 and 2000. Their percentage is projected to continue to increase to 6 percent in 2020.
- Increases in the percentages among Hispanic and Asian/Pacific Islander children reflect higher fertility and immigration rates than those of other groups. Much of the growth in the percentage of Hispanic children is due to the relatively high fertility of Hispanic women.

Bullets contain references to data that can be found in Table POP3 on page 77.

Children of at Least One Foreign-Born Parent

The foreign-born population of the United States has risen dramatically since 1970.[1] This increase in the past generation has largely been from Latin America and Asia, and represents an increase in the diversity of language and cultural backgrounds of children growing up in the United States.[2] As a result of language and cultural barriers confronting children and their parents, children with foreign-born parents may need additional resources both at school and at home to successfully progress in school and transition to adulthood. Data on the nativity of the population have been available from the Current Population Survey since 1994 and from the Decennial Census since 1850.[3]

Figure POP4 **Percentage of children under age 18 by nativity of child and parents, 1994-2002**



NOTE: Includes all children under age 18 except children in group quarters. Children living in households with no parents present are not shown in this figure, but are included in the bases for the percentages. Native parents means that all of the parents that the child lives with are native born, while foreign-born means that one or both of the child's parents are foreign-born. Anyone with United States citizenship at birth is considered native, which includes persons born in the U.S., in U.S. outlying areas, and persons born abroad with at least one American parent.

SOURCE: U.S. Census Bureau, March Current Population Survey.

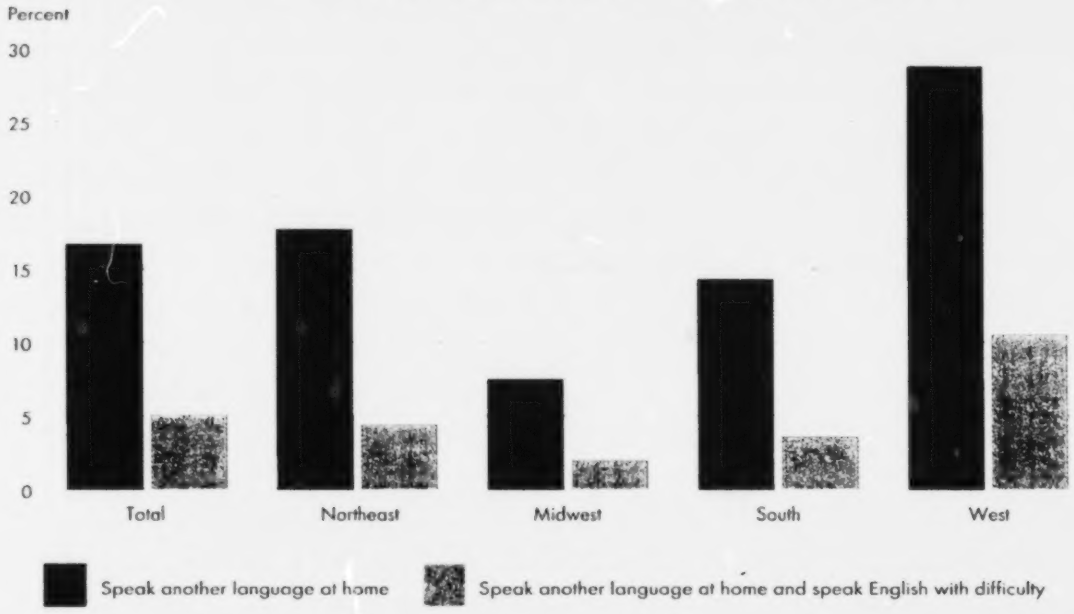
- In 2002, 16 percent of children were native children with at least one foreign-born parent, and 4 percent were foreign-born children with at least one foreign-born parent. Overall, the percent of children living in the U.S. with at least one parent who was foreign-born rose from 15 percent in 1999 to 20 percent in 2002.
- The percentage of children whose parents have less than a high school diploma is much higher among children with at least one foreign-born parent than among children with native parents. In 2002, 41 percent of foreign-born children with at least one foreign-born parent had a parent with less than a high school degree, compared with 36 percent of native children with at least one foreign-born parent and 10 percent of native children with native parents.
- In 2002, foreign-born children with foreign-born parents were more likely than native children with foreign-born parents to live below the poverty level, 27 and 20 percent, respectively.
- Children with a foreign-born parent more often live in central cities than children with native parents. In 2002, 42 percent of foreign-born children with a foreign-born parent lived in central cities, 41 percent of native children with at least one foreign-born parent lived in central cities, and only 26 percent of native children of native parents lived in central cities.
- Children with at least one foreign-born parent, regardless of their own nativity status, more often lived in a household with two parents present. In 2002, 81 percent of children with at least one foreign-born parent lived with two parents, compared with only 69 percent of children with native parents.

Bullets contain references to data that can be found in Table POP4 on pages 78-79. Endnotes begin on page 63.

Difficulty Speaking English

Children who speak languages other than English at home and who also have difficulty speaking English[4] may face greater challenges progressing in school and, once they become adults, in the labor market. Once it is determined that a student speaks another language, school officials must, by law, evaluate the child's English ability to determine whether the student needs services (such as special instruction to improve his or her English) and provide these services if needed.

Figure POP5 **Percentage of children ages 5 to 17 who speak a language other than English at home and who have difficulty speaking English by region, 1999**



SOURCE: U.S. Census Bureau, October Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

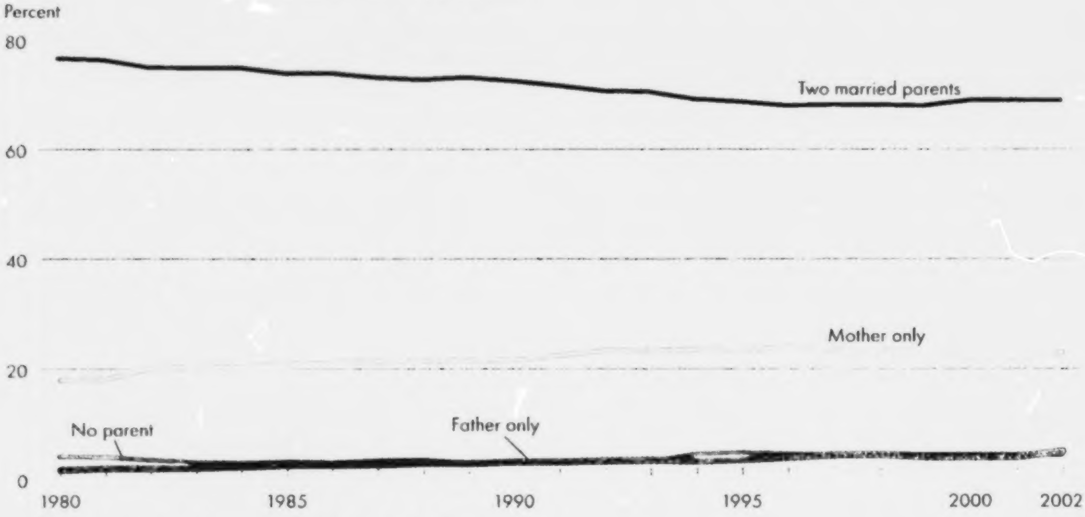
- The number of school-age children (ages 5 to 17) who spoke a language other than English at home and who had difficulty speaking English was 2.6 million in 1999, double the number (1.3 million) in 1979. This represented 5 percent of all school-age children in the United States in 1999.
- The percentage of children who have difficulty speaking English varies by region of the country, from 2 percent of children in the Midwest to 11 percent of children in the West.
- Likewise, the percentage of children who speak another language at home (with or without difficulty speaking English) varies by region of the country, from 8 percent of children in the Midwest to 29 percent of children in the West. This difference is due largely to differing concentrations of immigrants and their descendants in the regions.
- White, non-Hispanic and Black, non-Hispanic children are less likely than children of Hispanic origin or other races to have difficulty speaking English. One percent of White, non-Hispanic and Black, non-Hispanic children spoke another language at home and had difficulty speaking English in 1999, compared with 23 percent of children of Hispanic origin and 12 percent of children of other races.

Bullets contain references to data that can be found in Table POP5 on page 80. Endnotes begin on page 63.

Family Structure and Children's Living Arrangements

The number of parents a child lives with is associated with the economic, parental, and community resources available to children and their well-being. On average, the presence of two married parents is associated with more favorable outcomes for children both through, and independent of, added income. Children who live in a household with only one parent are substantially more likely to have family incomes below the poverty line, and to have more difficulty in their lives than are children who live in a household with two married parents (biological, step, or adoptive).[5]

Figure POP6 **Percentage of children under age 18 by presence of married parents in household, 1980-2002**



SOURCE: U.S. Census Bureau, March Current Population Survey.

NOTE: The category "two married parents" includes children who live with a biological, step, or adoptive parent who is married with his or her spouse present. If a second parent is present and not married to the first parent, then the child is identified as living with a single parent.

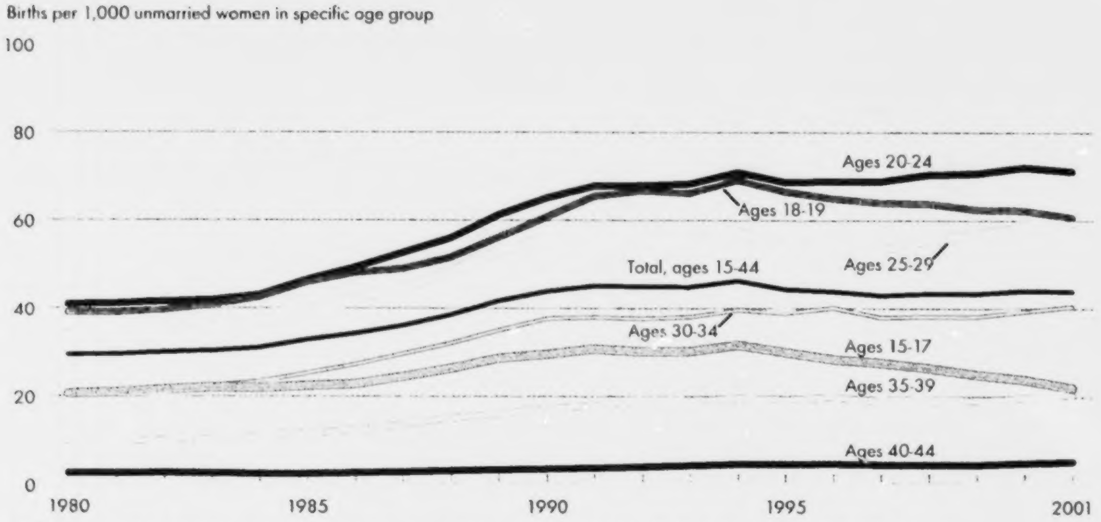
- In 2002, 69 percent of children under age 18 lived with two married parents, down from 77 percent in 1980. However, the percentage has remained stable since 1995, ending a decades-long downward trend.
- In 2002, about one-fifth (23 percent) of children lived with only their mothers, 5 percent lived with only their fathers, and 4 percent lived with neither of their parents.[6]
- White, non-Hispanic children are much more likely than Black children and Hispanic children to live with two married parents. In 2002, 77 percent of White, non-Hispanic children lived with two married parents, compared with 38 percent of Black children and 65 percent of Hispanic children.
- Since 1995, the share of Black children living with two married parents has increased significantly from 33 percent in 1995 to 38 percent in 2002. The proportion of Hispanic children living with two married parents was not significantly different in 1995 than it was in 2002.
- Both Black children and Hispanic children were significantly less likely to live with a single parent in 2002 compared with 1995. The proportion of Black children living with a single parent declined from 56 percent in 1995 to 53 percent in 2002, while the proportion of Hispanic children living with a single parent declined from 33 percent to 30 percent over the same time period.
- While the proportion of all children living with single parents was the same in 2002 as in 1995, and the proportion of Black children and of Hispanic children living with single parents declined over this time period, these patterns were primarily affected by changes in the proportion of children living with a single mother. The proportion of all children living with a single father actually increased from 4 percent in 1995 to 5 percent in 2002.
- These changes in family structure are especially important in light of the large body of research linking family structure to many of the other indicators in this report.[7]
- The measure of detailed living arrangements of children (POP5.B in *America's Children 2001*) is not included in this year's report because recent data are not available. For information on the detailed living arrangements of children, see the following U.S. Census Bureau report: P70-74 *Living Arrangements of Children* available at http://www.census.gov/population/www/socdemo/child/la-child.html.

Bullets contain references to data that can be found in Table POP6 on page 81. Endnotes begin on page 63.

Births to Unmarried Women

Increases in births to unmarried women are among the many changes in American society that have affected family structure and the economic security of children.[8] Children of unmarried mothers are at higher risk of having adverse birth outcomes, such as low birthweight and infant mortality, and are more likely to live in poverty than children of married mothers.[9-13]

Figure POP7.A **Birth rates for unmarried women by age of mother, 1980-2001**

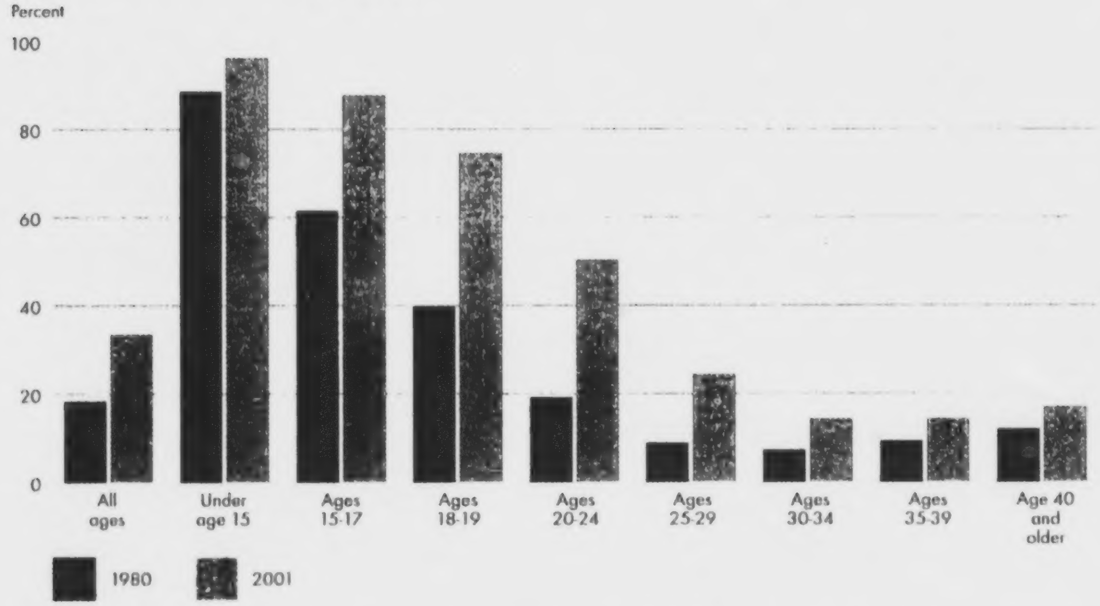


SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- There were 44 births for every 1,000 unmarried women ages 15 to 44 in 2001.[14,15]
- Between 1980 and 1994, the birth rate for unmarried women ages 15 to 44 increased from 29 to 46 per 1,000. Between 1995 and 2001, the rate has fluctuated little, ranging from 43 to 44 per 1,000.[12,14,15]
- Between 1980 and 1994, birth rates increased sharply for unmarried women in all age groups. The birth rate for unmarried women ages 15 to 17 increased from 21 to 32 per 1,000, and the rate for unmarried women ages 18 to 19 rose from 39 to 69 per 1,000. The birth rate for unmarried women ages 20 to 24 increased from 41 to 71 per 1,000. Between 1994 and 2001, birth rates by age declined for all women under age 20, and increased somewhat for women in age groups 20 to 24 through 40 to 44 years.[12,14,15]
- The long-term rise between 1960 and 1994 in the nonmarital birth rate is linked to a number of factors.[12] The proportion of women of childbearing age who are unmarried increased (from 29 percent in 1960 to 46 percent in 1994), concurrent with an increase in nonmarital cohabitation. About 25 percent of unmarried women aged 25 to 39 were in cohabiting relationships in 1995.[16] The likelihood that an unmarried woman will marry before the child is born declined steeply from the early 1960s to the early 1980s and continued to fall, although more modestly, through the early 1990s.[17] At the same time, childbearing within marriage declined: births to married women declined from 4 million in 1960 to 2.7 million in 1994, and the birth rate for married women fell from 157 per 1,000 in 1960 to 83 per 1,000 in 1994.[10-12,15] These measures stabilized in the mid- 1990s and then increased slowly, as the nonmarital birth rate steadied during this period.[12,15]
- Between 1994 and 2001, nonmarital birth rates by age changed relatively little, although rates for younger teens 15 to 17 fell nearly one-third. Rates in 2001 remained highest for women aged 20 to 24.[14,15]

Children are at greater risk for adverse consequences when born to a single mother because the social, emotional, and financial resources available to the family may be more limited.[9] The proportion of births to unmarried women is useful for understanding the extent to which children born in a given year may be affected by any disadvantage—social, financial, or health—associated with being born outside of marriage. The percentage of births to unmarried women is a function of several factors, including birth rates for married and unmarried women and the number of unmarried women.[18] Significant changes occurred in all these measures between 1980 and 2001.[11,12,19]

Figure POP7.B **Percentage of all births that are to unmarried women by age of mother, 1980 and 2001**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

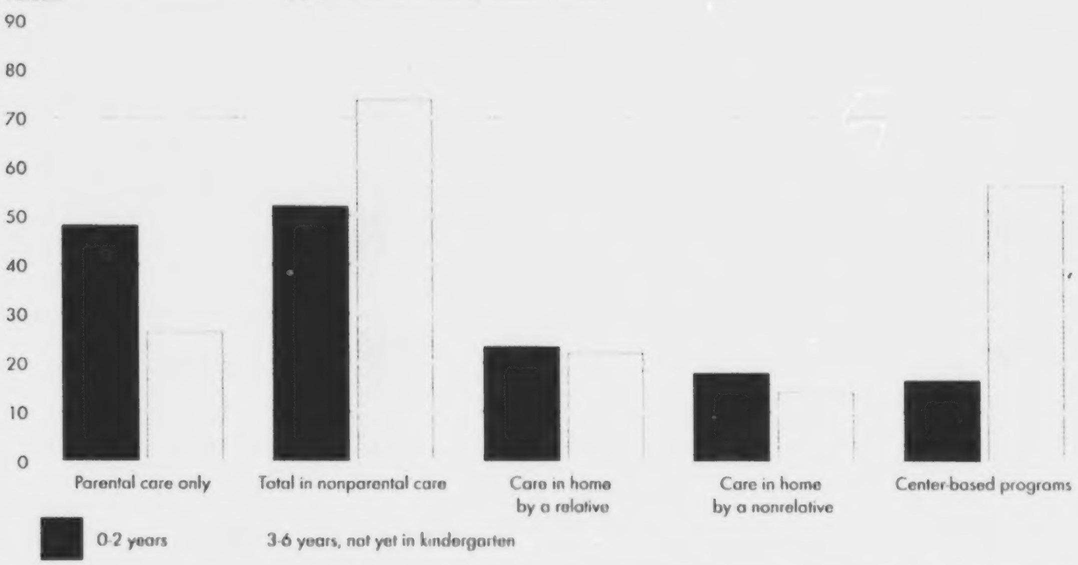
- In 2001, 34 percent of all births were to unmarried women.
- The percentage of all births to unmarried women rose sharply from 18 percent in 1980 to 33 percent in 1994.[12] From 1994 to 2001, it has increased slightly to 34 percent.[10,12]
- Between 1980 and 2001, the proportions of births to unmarried women rose sharply for women in all age groups. Among teenagers, the proportions were high throughout the period and continued to rise, from 62 to 88 percent for ages 15 to 17 and from 40 to 75 percent for ages 18 to 19. The proportions more than doubled for births to women in their twenties, rising from 19 to 50 percent for ages 20 to 24 and from 9 to 24 percent for ages 25 to 29. The proportion of births to unmarried women in their thirties increased from 8 to 14 percent.[10,12]
- One-third of all births, including 4 in 10 first births, were to unmarried women in 2001. Nearly two-thirds of women under age 25 having their first child were not married.[20]
- The increases in the proportions of births to unmarried women, especially during the 1980s, are linked to sharp increases in the birth rates for unmarried women in all age groups during this period, concurrent with declines in birth rates for married women. In addition, the number of unmarried women increased by about one-fourth as more and more women from the baby-boom generation postponed marriage.[12,19]
- During the late 1990s, the pace of increase in the proportions slowed. The comparative stability is linked to a renewed rise in birth rates for married women.[10,12]

Bullets contain references to data that can be found in Tables POP7.A and POP7.B on page 82. Endnotes begin on page 63.

Child Care

Increasing proportions of children are spending substantial amounts of time in the care of a child care provider other than their parents. While researchers continue to assess the effects of child care on child development, it is important to monitor over time the way many children receive care. This measure presents two important aspects of child care usage for preschoolers: overall use of different provider types regardless of parents' work status (POP8.A) and a historical trend of the primary child care provider used by employed mothers for their preschoolers (POP8.B).[21]

Figure POP8.A **Percentage of children from birth through age six, not yet in kindergarten by type of care arrangement, 2001**



NOTE: Some children participate in more than one type of arrangement, so the sum of all arrangement types exceeds the total percentage in nonparental care. Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs. Relative and nonrelative care can take place in either the child's own home or another home.

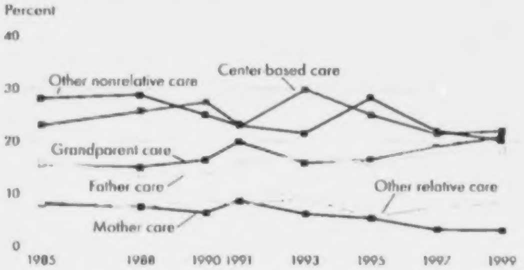
SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

Figure POP8.A

- In 2001, 61 percent of children from birth through age 6 (not yet in kindergarten) received some form of child care on a regular basis from persons other than their parents. This translates to approximately 12 million children and is about the same proportion of children in child care as in 1995.
- The type of child care received is related to the age of the child. Children from birth through age 2 were more likely to be in home-based care, either with a relative or nonrelative, than to be in center-based care. Children ages 3 to 6 who were not yet in kindergarten were more likely to be in a center-based child care arrangement (including nursery schools and other early childhood education programs) than in home-based care with either a relative or a nonrelative.

Figure POP8.B

Percentage of preschoolers (children under age 5) of employed mothers by primary child care arrangement, selected years 1985-99[22]

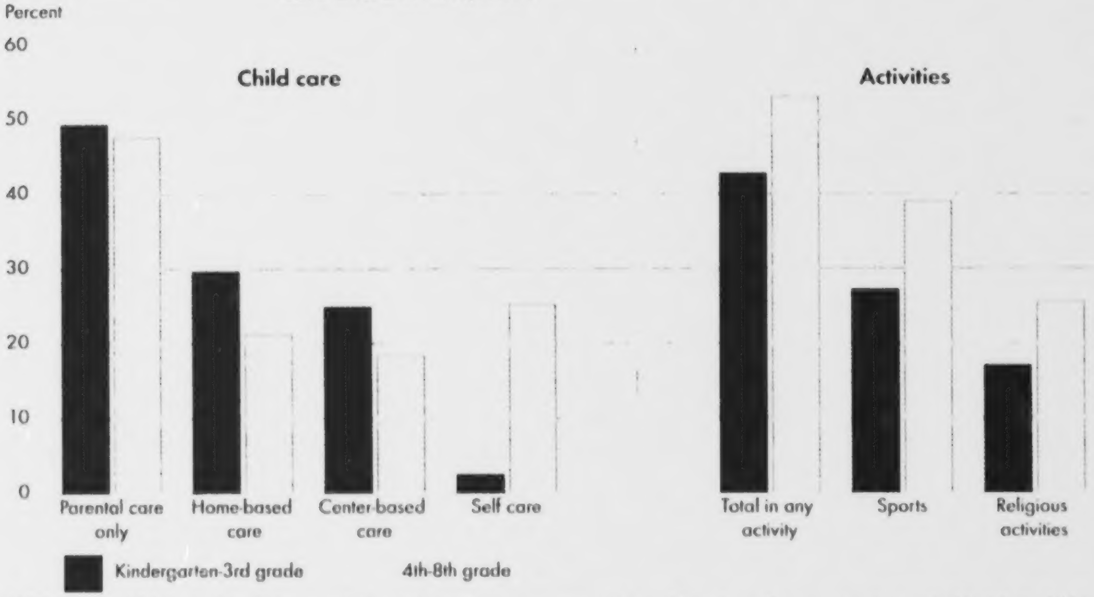


NOTE: The primary arrangement is the arrangement used for the longest number of hours per week while the mother worked.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation.

Concern for the well-being of grade-school-age children has drawn attention to their child care arrangements and out-of-school activities, including time spent unsupervised.[23] School-age children spend their weekday, nonschool time in child care arrangements but also engage in a variety of enrichment activities such as sports, arts, clubs, academic activities, community service, and religious activities. Some of these children also spend time caring for themselves without adult supervision. This measure presents the most recent data on how grade-school-age children spend their out-of-school time.

Figure POP8.C **Percentage of children in kindergarten through eighth grade by weekday care and activities, 2001**



NOTE: Some children participate in more than one type of care arrangement or activity. For self care, parents reported that their child is responsible for himself/herself before or after school on a regular basis. Parents reported on organized before- or after-school activities that are undertaken by their child on a regular basis. For a full listing of activities, see Table POP8.C.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

Figure POP8.B

- In 1999, half of preschoolers (children under age 5) with employed mothers were primarily cared for by a relative while their mother worked, while 22 percent were primarily cared for by nonrelatives in a center-based arrangement and 20 percent by other nonrelatives in a home-based environment.
- In 1999, grandparents and other relatives were the primary child care provider for 21 percent and 8 percent of preschoolers of employed mothers, respectively.
- Families in poverty with an employed mother relied to a greater extent on grandparents (24 percent) or other relatives (13 percent) as their primary child care arrangement for their preschooler than did families not in poverty (20 percent and 7 percent, respectively).
- Higher proportions of preschoolers of employed mothers living at or above the poverty line were primarily cared for by a nonrelative (43 percent) than preschoolers living below the poverty line (38 percent) in 1999.

Figure POP8.C

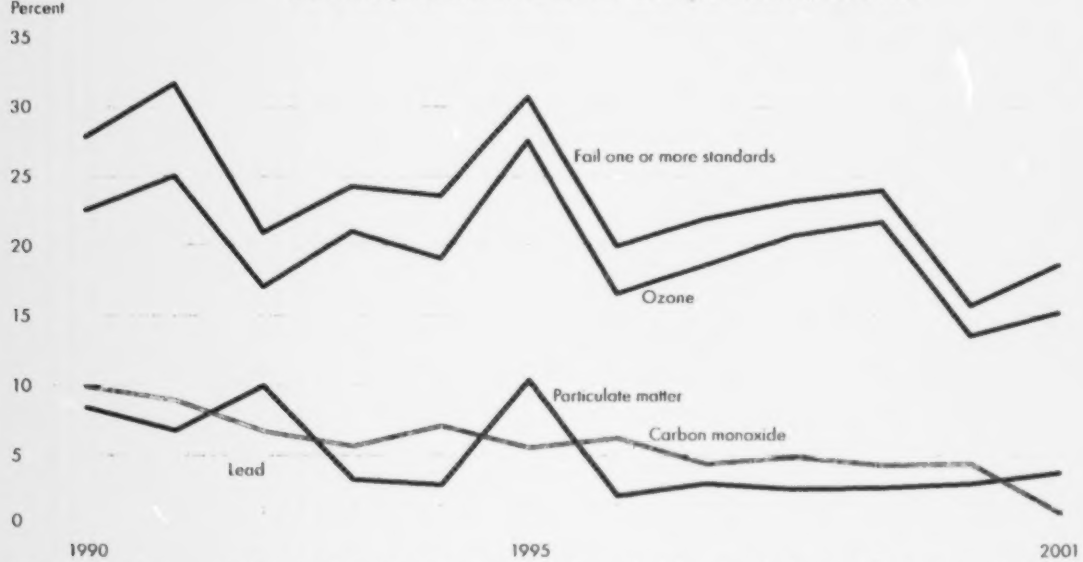
- About half (51 percent) of children in kindergarten through third grade and those in grades four to eight (52 percent) received some nonparental child care in 2001.
- Older children were more likely to care for themselves before or after school than younger children. Three percent of children in kindergarten through third grade and 25 percent of children in fourth through eighth grade cared for themselves regularly either before or after school.
- Children in the higher grades were more likely to engage in some kind of organized before- or after-school activity than were children in the lower grades. Children from families in poverty were less likely to participate in activities than children whose families were at or above poverty. Children in kindergarten through eighth grade were more likely to participate in sports than in any other activity.

Bullets contain references to data that can be found in Tables POP8.A-POP8.C on pages 83-85. Endnotes begin on page 63.

Children's Environments

The environment in which children live plays an important role in their health and development. Children need a clean, safe place in which they can grow and play. Children may be more vulnerable to environmental contaminants because of their increased potential for exposure to pollutants, since they eat, drink, and breathe more per body weight than adults. In addition, environmental contaminants in air, food, drinking water, and other sources are associated with a number of different ailments, and these contaminants may disproportionately affect children because they are still developing.[24-28] One important measure of environmental quality is the percentage of children living in areas that do not meet the National Ambient Air Quality Standards. Polluted air is associated with increased asthma episodes and other respiratory illnesses. While air pollution is one important measure of children's environments, further research is needed to develop a more complete measure of overall environmental quality for children.

Figure POP9.A **Percentage of children under age 18 living in areas that do not meet one or more of the Primary National Ambient Air Quality Standards, 1990-2001**



NOTE: The U.S. Environmental Protection Agency has set national air quality standards for six principal pollutants: carbon monoxide (CO), lead (Pb), nitrogen dioxide (NO_2), ozone (O_3), particulate matter (PM), and sulfur dioxide (SO_2). Nitrogen dioxide and sulfur dioxide are not included in the graph because essentially all areas met the Primary National Ambient Air Quality Standards for these pollutants after 1991.

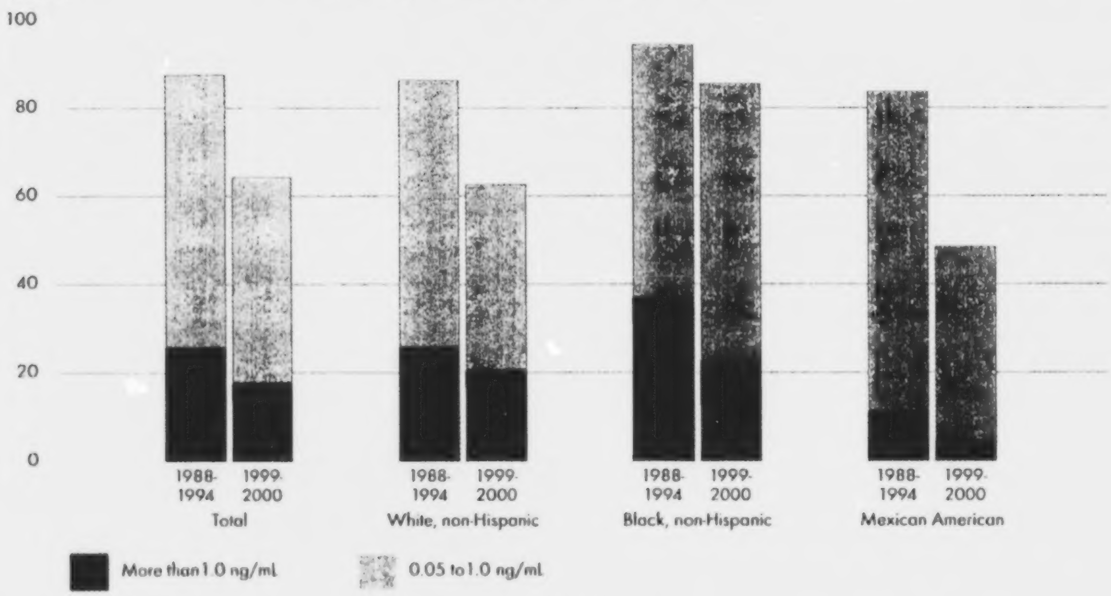
SOURCE: U.S. Environmental Protection Agency, Office of Air and Radiation, Aerometric Information Retrieval System.

- In 2001, 19 percent of children lived in areas that did not meet one or more of the Primary National Ambient Air Quality Standards, an improvement from 28 percent in 1990. The Clean Air Act established Primary National Ambient Air Quality Standards which are designed to establish limits to protect public health, including the health of sensitive populations such as children and individuals with asthma.
- In 2001, 1 percent of children lived in areas that did not meet the National Ambient Air Quality Standard for lead. High levels of lead are dangerous to children because they can lead to neurological and developmental problems.
- Figure POP9.A does not reflect the new standards for particulate matter and ozone being implemented by the Environmental Protection Agency to better protect public health, including children's health.
- Ozone accounts for most of the areas that do not meet the Primary National Ambient Air Quality Standards. Both particulate matter and ozone can cause respiratory problems and aggravate respiratory diseases, such as asthma, in children. These problems can lead to increased emergency room visits and hospitalizations.

Children who are exposed to environmental tobacco smoke, also known as secondhand smoke, have an increased probability of experiencing a number of adverse health effects, including infections of the lower respiratory tract, bronchitis, pneumonia, fluid in the middle ear, and sudden infant death syndrome (SIDS).[29-31] Secondhand smoke can also play a role in the development and exacerbation of asthma.[32-38]

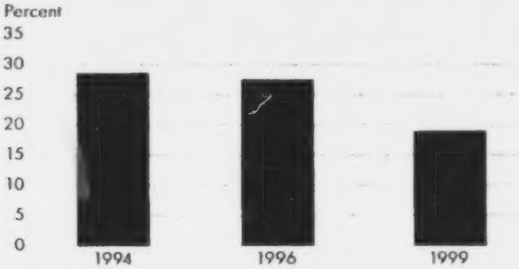
Cotinine, a breakdown product of nicotine, is a marker for recent (previous 1-2 days) exposure to secondhand smoke. The average (geometric mean) blood cotinine level in children living in homes where someone smokes is 1.0 ng/mL.[39]

Figure POP9.B **Percentage of children ages 4 to 11 with specified blood cotinine levels by race and ethnicity, 1988-1994 and 1999-2000**



NOTE: Cotinine is detectable at or above 0.05 nanograms per milliliter (ng/mL). Cotinine levels are reported for nonsmoking children only.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Figure POP9.C **Percentage of households with children under age 7 where someone smokes regularly, selected years 1994-1999**



NOTE: Percentages represent households with survey respondent answering "yes" to this question: "Do you allow anyone to smoke in your home on a regular basis?"
SOURCE: U.S. Environmental Protection Agency, Office of Air and Radiation, Survey on Radon Awareness and Environmental Tobacco Issues.

- Children's exposure to secondhand smoke, as indicated by blood cotinine levels, dropped between 1988-1994 and 1999-2000. Overall, 64 percent of children ages 4 to 11 had cotinine in their blood in 1999-2000, down from 88 percent in 1988-1994. In 1999-2000, 18 percent had blood cotinine levels more than 1.0 ng/mL, down from 26 percent in 1988-1994.
- Racial and ethnic disparities exist such that in 1999-2000, 86 percent of Black, non-Hispanic children ages 4 to 11 had cotinine in their blood compared with 63 percent of White, non-Hispanic children and 49 percent of Mexican American children. A smaller proportion of Mexican American children had blood cotinine levels more than 1.0 ng/mL compared with children of other racial groups.
- The percentage of homes with children under 7 in which someone smokes on a regular basis decreased from 29 percent in 1994 to 19 percent in 1999.

Bullets contain references to data that can be found in Tables POP9.A-POP9.C on pages 86 and 87. Endnotes begin on page 63.

Data Needed

Population and Family Characteristics

Current data collection systems at the national level do not provide extensive detailed information on children's lives, their families and their caregivers. Certain topical databases provide some of this information, but data needs to be collected across domains of child well-being regularly enough to discern trends in where, how, and with whom children spend their time. More data are also needed on:

- *Family interactions.* Increasing the detail of information collected about family structure and improving the measurement of cohabitation and family dynamics were among the key suggestions for improvement emerging from the 2001 Counting Couples Workshop, sponsored by the Forum. Other suggestions included increasing the information collected for nonresident parents, especially fathers; developing standard indicators to be included on multiple data collections; and including measures of family-related values and attitudes. More information from the workshop is available online at *http://www.childstats.gov.*
- *Time use.* A regular source of data is needed to track how and where children spend their time and how these patterns change over time. For example, valuable insights would be provided by data on how much time children spend in school, in day care, in after-school activities, using a computer, interacting with one or both parents, and how much time youth spend at work. Currently, Federal surveys collect information on the amount of time children spend on certain activities, such as watching television and on participation rates in specific activities or care arrangements, but no regular Federal data source examines time spent on the whole spectrum of children's activities. The inclusion in surveys of additional questions on time use by children and adults is currently being investigated by several member agencies of the Forum. The Bureau of Labor Statistics has initiated a continuous time use survey that will cover time invested in the care of children, as well as time spent in other labor market and non-labor market activities. The survey will also include responses from youth ages 15 and over. The initial results should be available in mid-2004.
- *Children's environments.* Further data are needed to monitor the environments of children and their potential exposure to environmental contaminants. In particular, data are needed to describe children's potential exposure to contaminants in drinking water and food.

PART II

Indicators of Children's Well-Being

Part II: *Indicators of Children's Well-Being* contains data on key indicators that measure the health, security, and safety of the social environment in which children play, learn, and grow. Unlike the data presented in Part I of the report, which describe the changing context in which children live, the data in Part II offer insight into the condition of American children by providing information in four key areas of child well-being: economic security, health, behavior and social environment, and education.

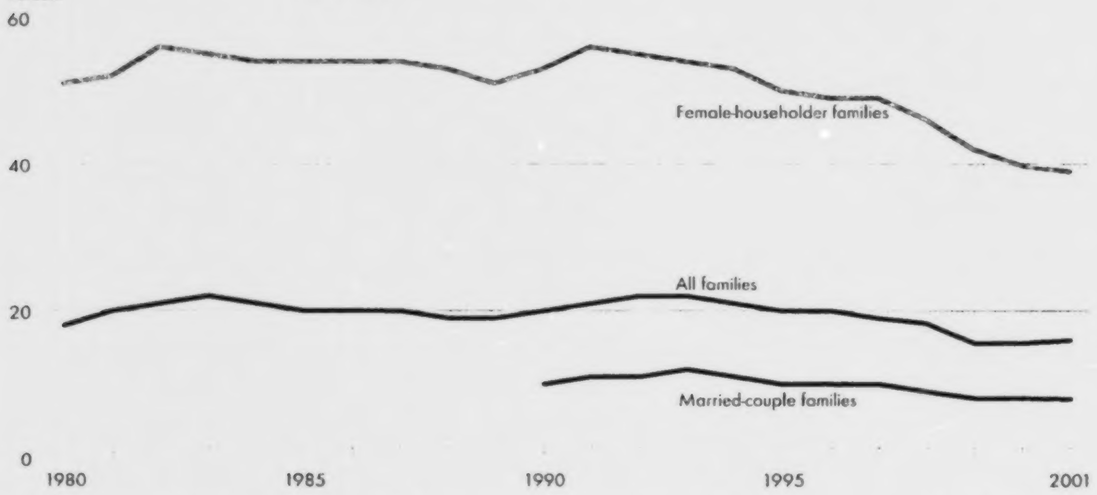
Economic Security Indicators

The well-being of children depends greatly on the material well-being of their family. The Economic Security indicators presented in this section attempt to measure a family's ability to access basic material needs. The first two indicators measure the economic well-being of children through the family's access to income and the employment status of the resident parent or parents. The final three indicators measure the accessibility of three economic necessities—housing, food, and health care. Additional important indicators of children's economic well-being for which data are not available include measures of family income and poverty over longer periods of time, as well as homelessness.

Child Poverty and Family Income

Childhood poverty has both immediate and lasting negative effects. Children in low-income families fare less well than children in more affluent families for many of the indicators presented in this report, including indicators in the areas of economic security, health, and education. Compared with children living in families above the poverty line, children living below the poverty line are more likely to have difficulty in school,[40] to become teen parents,[41] and, as adults, to earn less and be unemployed more frequently.[40] The child poverty rate provides important information about the percentage of U.S. children whose current circumstances make life difficult and jeopardize their future economic well-being.

Indicator ECON1.A **Percentage of related children under age 18 in poverty by family structure, 1980-2001**



NOTE: Estimates refer to children under age 18 who are related to the householder. In 2001, the average poverty threshold for a family of four was $18,104 in annual income.

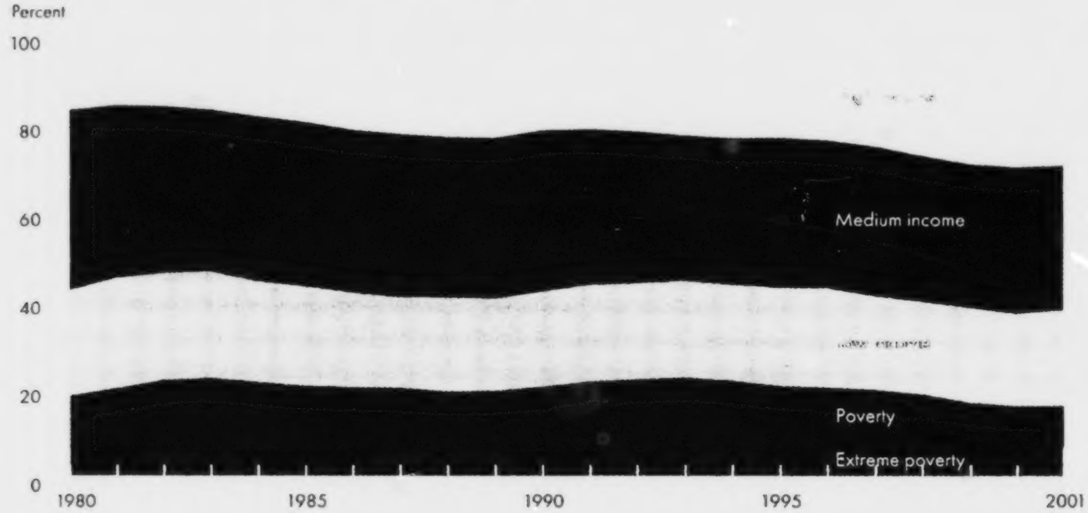
SOURCE: U.S. Census Bureau, March Current Population Survey.

- The proportion of children living in families with incomes below the poverty threshold was 16 percent in 2001. The official poverty rate for children has fluctuated since the early 1980s: it reached a high of 22 percent in 1993, decreased to 16 percent in 2000, and has remained stable since.[42] In response to the National Academy of Sciences's recommendations, the U.S. Census Bureau is researching alternative poverty measures.[43]
- The poverty rate for children living in female-householder families (no spouse present) also fluctuated since 1980, but experienced a steeper decline between 1993 and 2000 than did the rate for all children. In 1993, 54 percent of children living in female-householder families were living in poverty; by 2001, this proportion had decreased to 39 percent. This change is even more pronounced for Black children: the percentage of Black children living in female-householder families in poverty wavered around 66 percent until 1993 and has since declined to 47 percent in 2001.
- Children under age 6 are more likely to be living in families with incomes below the poverty line than children ages 6 to 17. In 2001, 18 percent of children under age 6 lived in poverty, compared with 15 percent of older children.
- Children in married-couple families are much less likely to be living in poverty than children living only with their mothers. In 2001, 8 percent of children in married-couple families were living in poverty, compared with 39 percent in female-householder families.
- This contrast by family structure is especially pronounced among certain racial and ethnic groups. For example, in 2001, 10 percent of Black children in married-couple families lived in poverty, compared with 47 percent of Black children in female-householder families. Twenty percent of Hispanic children in married-couple families lived in poverty, compared with 49 percent in female-householder families.
- The poverty rate is much higher for Black or Hispanic children than for White, non-Hispanic children. In 2001, 9 percent of White, non-Hispanic children lived in poverty, compared with 30 percent of Black children and 27 percent of Hispanic children.

The full distribution of the income of children's families is important, not just the percentage of children living in poverty. The rise in the number of children living in affluent families tells us that a growing proportion of America's children live in households experiencing economic well-being. The growing gap between rich and poor children suggests that poor children may experience more relative deprivation even if the percentage of poor children is declining.

Indicator ECON1.B

Percentage of related children under age 18 by family income relative to the poverty line, 1980-2001



NOTE: Estimates refer to children under age 18 who are related to the householder. The income classes are derived from the ratio of the family's income to the family's poverty threshold. Extreme poverty is less than 50 percent of the poverty threshold (i.e., $9,052 for a family of four in 2001). Poverty is between 50 and 99 percent of the poverty threshold (i.e., between $9,052 and $18,103 for a family of four in 2001). Low income is between 100 and 199 percent of the poverty threshold (i.e., between $18,104 and $36,207 for a family of four in 2001). Medium income is between 200 and 399 percent of the poverty threshold (i.e., between $36,208 and $72,415 for a family of four in 2001). High income is 400 percent of the poverty threshold or more (i.e., more than $72,416 for a family of four in 2001).[44]

SOURCE: U.S. Census Bureau, March Current Population Survey.

- In 2001, more children lived in families with medium income (33 percent) than in other income groups. Smaller percentages of children lived in families with low income and with high income (22 and 29 percent, respectively).
- The percentage of children living in families with medium income fell from 41 percent in 1980 to 33 percent in 2001, while the percentage of children living in families with high income rose from 17 to 29 percent.
- The percentage of children living in families experiencing extreme poverty was 7 percent in 1980. This percentage rose to 10 percent in 1992 and has gradually decreased to 7 percent in 2001. Concurrently, three times as many children lived in families with very high incomes in 2001 as in 1980 (13 and 4 percent, respectively).

Bullets contain references to data that can be found in Tables ECON1.A and ECON1.B on pages 88-89. Endnotes begin on page 63.

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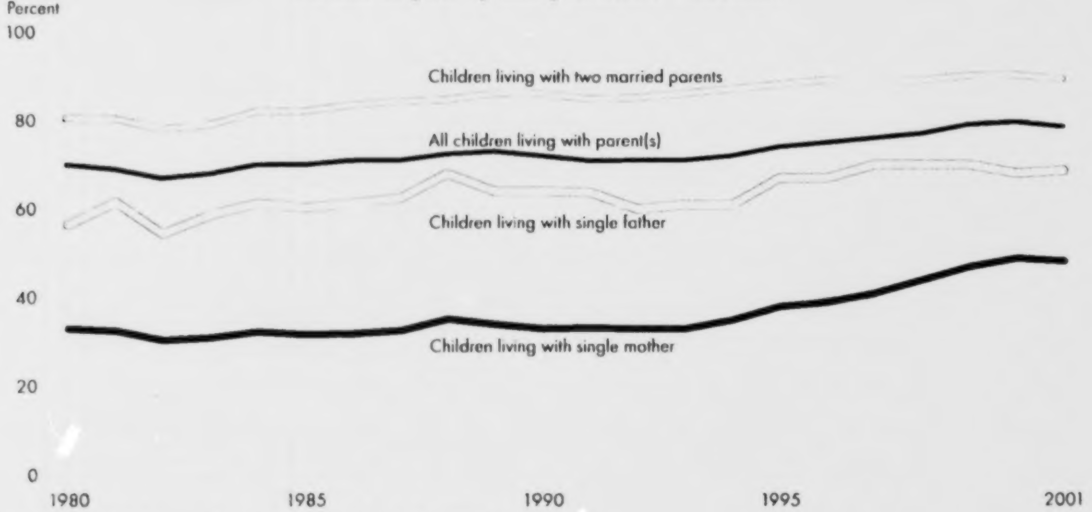
Secure Parental Employment

Secure parental employment reduces the incidence of poverty and its attendant risks to children. Since most parents who obtain health insurance for themselves and their children do so through their employers, a secure job can also be a key variable in determining whether children have access to health care. Secure parental employment may also enhance children's psychological well-being and improve family functioning by reducing stress and other negative effects that unemployment and underemployment can have on parents.[45,46] One measure of secure parental employment is the percentage of children whose resident parent or parents were employed full time during a given year.

Indicator ECON2 **Percentage of children under age 18 living with at least one parent employed full time all year by family structure, 1980-2001**



SOURCE: U.S. Bureau of Labor Statistics, March Current Population Survey.

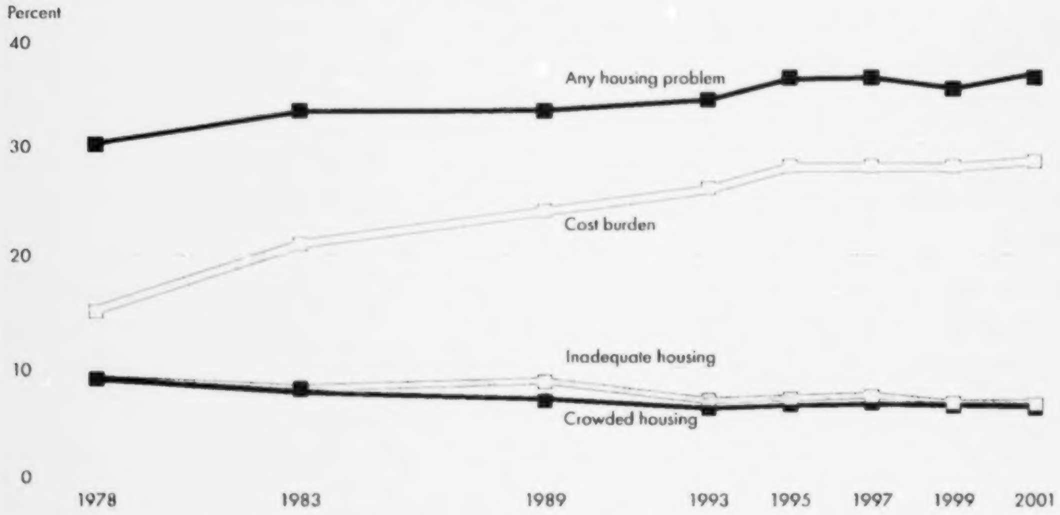
- The percentage of children who had at least one parent working year round, full time fell slightly in 2001 to 79 percent. This was slightly below its peak of 80 percent reached the year before, but about the same as in 1999. Despite the decline, this proportion still remained quite high in its historical context. Since 1992, when the proportion was at its lowest point for the decade (71 percent), the trend in secure parental employment has paralleled the overall trend in employment, rising by about 10 percentage points to its peak in 2000.
- This past year, the change in secure parental employment was similar for children living in married two-parent and single-mother families. Over the decade, however, a disproportionate share of the increase in the percentage of children living with at least one parent employed full time all year was due to the increase in the percentage of children living with single mothers who are employed.
- In 2001, 89 percent of children living in married two-parent families had at least one parent who was a full-time, year-round worker. In contrast, 69 percent of children living with a single father and 48 percent of children living with a single mother had a parent who worked full time all year.
- Children living in poverty are much less likely to have a parent working full time all year than children living at or above the poverty line (32 percent and 87 percent, respectively, in 2001). For children living with two married parents, 54 percent of children living below the poverty line had at least one parent working full time all year, compared with 92 percent of children living at or above the poverty line.
- In recent years, however, children living below the poverty line have become increasingly likely to have one or two parents working full time all year. In 1993, 21 percent of children below poverty had at least one parent working full time all year. In 2001, this statistic was 32 percent.
- Black, non-Hispanic children and Hispanic children were less likely than White, non-Hispanic children to have a parent working full time all year. About 73 percent of Hispanic children and 65 percent of Black, non-Hispanic children lived in families with secure parental employment in 2001, compared with 84 percent of White children.
- During the past two decades, the percentage of children living in married two-parent families in which both the mother and father worked full time all year has almost doubled, increasing from 17 to 32 percent.

Bullets contain references to data that can be found in Table ECON2 on pages 90-91. Endnotes begin on page 63.

Housing Problems

Inadequate, crowded, or costly housing can pose serious problems to children's physical, psychological, or material well-being.[47] The percentage of households with children that report that they are living in physically inadequate,[48] crowded, and/or costly housing provides an estimate of the percentage of children whose well-being may be affected by their family's housing.

Indicator ECON3 **Percentage of households with children under age 18 that report housing problems by type of problem, selected years 1978-2001**



NOTE: Data are available for 1978, 1983, 1989, 1993, 1995, 1997, 1999, and 2001.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, Annual Housing Survey and American Housing Survey. Tabulated by the U.S. Department of Housing and Urban Development.

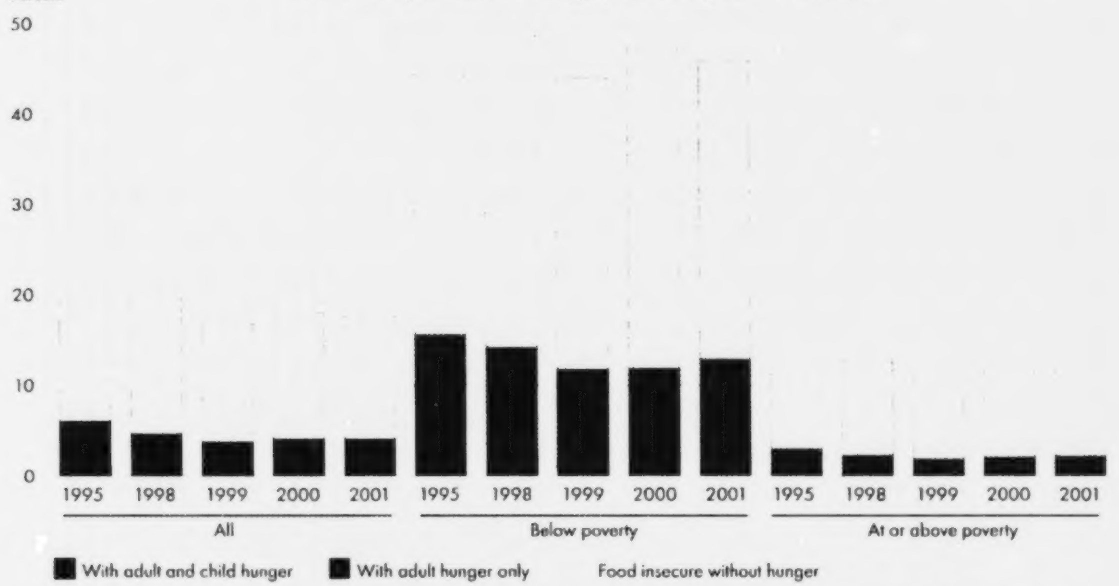
- In 2001, 36 percent of U.S. households (both owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or housing that cost more than 30 percent of household income.[49]
- The share of U.S. households with children that have any housing problems rose from 30 percent in 1978 to 36 percent in 1995 and has remained stable since.
- Inadequate housing, defined as housing with severe or moderate physical problems, has become slightly less common. In 2001, 7 percent of households with children had inadequate housing, compared with 9 percent in 1978.
- Crowded housing, defined as housing in which there is more than one person per room, has also declined slightly among households with children, from 9 percent in 1978 to 6 percent in 2001.
- Improvements in housing conditions, however, have been accompanied by rising housing costs. Between 1978 and 2001, the percentage of households with children with a cost burden—that is, paying more than 30 percent of their income for housing—rose from 15 percent to 28 percent. The percentage with severe cost burdens, paying more than half of their income for housing, rose from 6 to 11 percent.
- Households that receive no rental assistance and have severe cost burdens or physical problems are defined as having severe housing problems.[50] In 2001, 11 percent of households with children had severe housing problems. Although the 1997, 1999, and 2001 data are not directly comparable with estimates for earlier years, severe housing problems increased from 8 percent in 1978 to 12 percent in 1995 because of a rise in the percentage of families reporting severe cost burdens.
- Severe housing problems are especially prevalent among very-low-income renters.[51] In 2001, 31 percent of very-low-income renter households with children reported severe housing problems, with severe cost burden the major problem. Although the percentage of these families having severe housing problems has fallen since 1978, the number with such problems grew from 1.4 million in 1978 to 1.8 million in 2001, again because the number of households with severe cost burdens rose.

Bullets contain references to data that can be found in Table ECON3 on page 92. Endnotes begin on page 63.

Food Security and Diet Quality

Children's good health and development depend on a diet sufficient in nutrients and calories. A family's ability to provide for their children's nutritional needs is linked to the family's food security—that is, to its access at all times to enough food for an active, healthy life.[52] Food-insecure households report difficulty obtaining enough food, reduced diet quality, anxiety about their food supply, increased use of emergency food sources or other coping behaviors, and, sometimes, reduced food intake and hunger. In most of these households, children's eating patterns are disrupted to some extent, and in about 1 out of 4 food-insecure households, children's food intake is reduced at times because the household cannot afford enough food. However, children—especially younger children—in U.S. households are usually protected from hunger even if adults are hungry because they lack sufficient resources for food. Only in the most severely food-insecure households are children as well as adults hungry due to the food insecurity in the household.[53]

Indicator ECON4.A **Percentage of children under age 18 in food-insecure households by poverty status and presence of hunger, selected years 1995-2001**



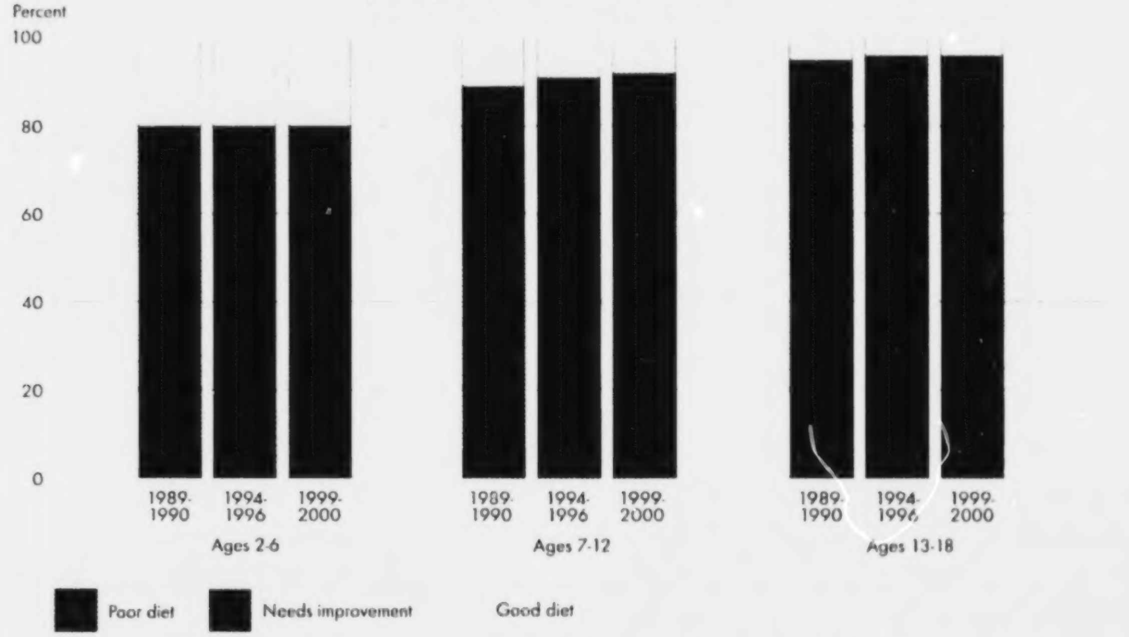
NOTE: Statistics are not shown for 1996 and 1997 because differences in screening procedures make them not comparable with the other years. These statistics should be compared across 2-year, 4-year, or 6-year periods to avoid seasonal effects that result from year-to-year alternation in the month in which the survey was conducted.

SOURCE: U.S. Census Bureau, Food Security Supplement to the Current Population Survey; U.S. Department of Agriculture, Economic Research Service and Food and Nutrition Service.

- Just under half a million children (0.6 percent) lived in households with child hunger in 2001, statistically unchanged from 1999 and down from 1.3 percent in 1995. In 2001, 4.1 percent of all children lived in households classified as food insecure with hunger, up from 3.8 percent in 1999 but below the 1995 rate of 6.1 percent. In most of these households, however, hunger did not extend to the children.
- Children living in poverty are much more likely than others to experience food insecurity and hunger. In 2001, about 2.6 percent of the children living in poverty were in households with hunger among children, compared with 0.3 percent of children in households with incomes at or above the poverty line. In 2001, nearly 45.9 percent of children living in poverty were in food-insecure households, compared with 11.5 percent of children living at or above the poverty line.
- Most food-insecure households do not report hunger among household members. For example, of the 17.6 percent of children who lived in food-insecure households in 2001, most (13.5 percent) lived in households classified as food insecure without hunger, 3.5 percent lived in households with hunger among adults only, and 0.6 percent lived in households with hunger among both adults and children.

The diet quality of children and adolescents is of concern because poor eating patterns established in childhood usually transfer to adulthood. Such patterns are major factors in the increasing rate of child obesity over the past decades and are contributing factors to certain diseases. The Healthy Eating Index (HEI) is a summary measure of diet quality. The HEI consists of 10 components, each representing different aspects of a healthful diet. Components 1 through 5 measure the degree to which a person's diet conforms to the U.S. Department of Agriculture's Food Guide Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat/meat alternatives. Components 6 and 7 measure fat and saturated fat consumption. Components 8 and 9 measure cholesterol intake and sodium intake, and component 10 measures the degree of variety in a person's diet. Scores for each component are given equal weight and added to calculate an overall HEI score. This overall HEI score is then used to determine diet quality based on a scale established by nutrition experts.[54]

Indicator ECON4.B **Percentage of children ages 2 to 18 by age and diet quality as measured by the Healthy Eating Index, selected years 1989-90, 1994-96, 1999-2000**



NOTE: The maximum combined score for the 10 components is 100. An HEI score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet. Data for three time periods are not necessarily comparable because of methodological differences in data collection.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion using data from 1989-91 and 1994-96, Continuing Survey of Food Intake of Individuals, and 1999-2000 National Health and Nutrition Examination Survey.

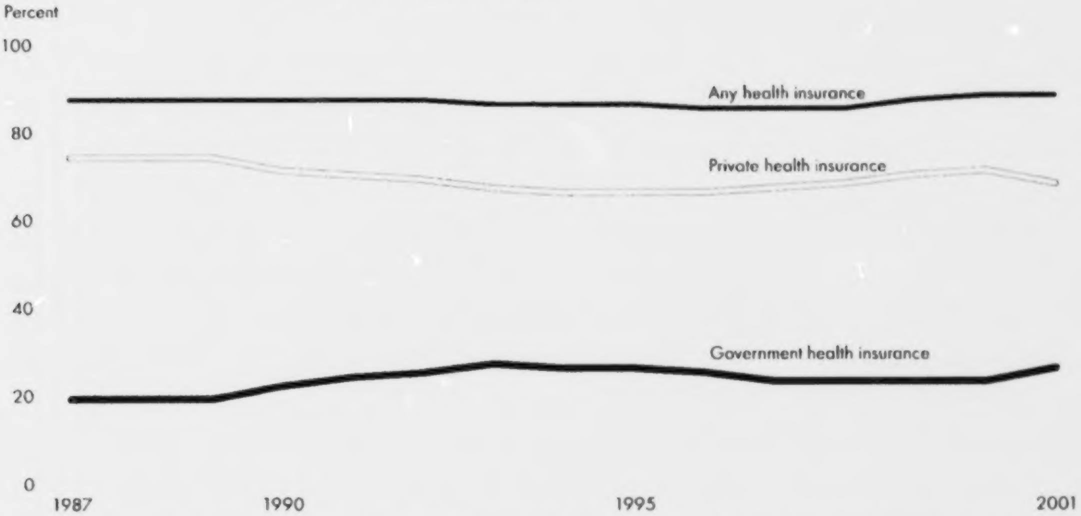
- In 1999-2000, as in previous years, most children had a diet that was poor or needed improvement, as indicated by their HEI score.
- As children get older, their diet quality declines. In 1999-2000, among children ages 2 to 6, 20 percent had a good diet, 74 percent had a diet needing improvement, and 6 percent had a poor diet. For those ages 7 to 12, 8 percent had a good diet, 79 percent had a diet needing improvement, and 13 percent had a poor diet.
- The lower-quality diets of older children are linked to declines in their fruit and sodium scores.
- Children in families below poverty are less likely than higher-income children to have a diet rated as good. In 1999-2000, for children ages 2 to 6, 17 percent of those in poverty had a good diet, compared with 22 percent of those living at or above the poverty line.

Bullets contain references to data that can be found in Tables ECON4.A - ECON4.D on pages 93-95. Endnotes begin on page 63.

Access to Health Care

Children with access to health care have reasonable assurance of obtaining the medical attention needed to maintain their physical well-being. Access involves both the availability of a regular source of care and the ability of the child's family, or someone else, to pay for it. Children with health insurance (government or private) are much more likely than children without insurance to have a regular and accessible source of health care. The percentage of children who have health insurance coverage for at least part of the year is one measure of the extent to which families can obtain preventive care or health care for a sick or injured child.

Indicator ECON5.A **Percentage of children under age 18 covered by health insurance by type of health insurance, 1987-2001**



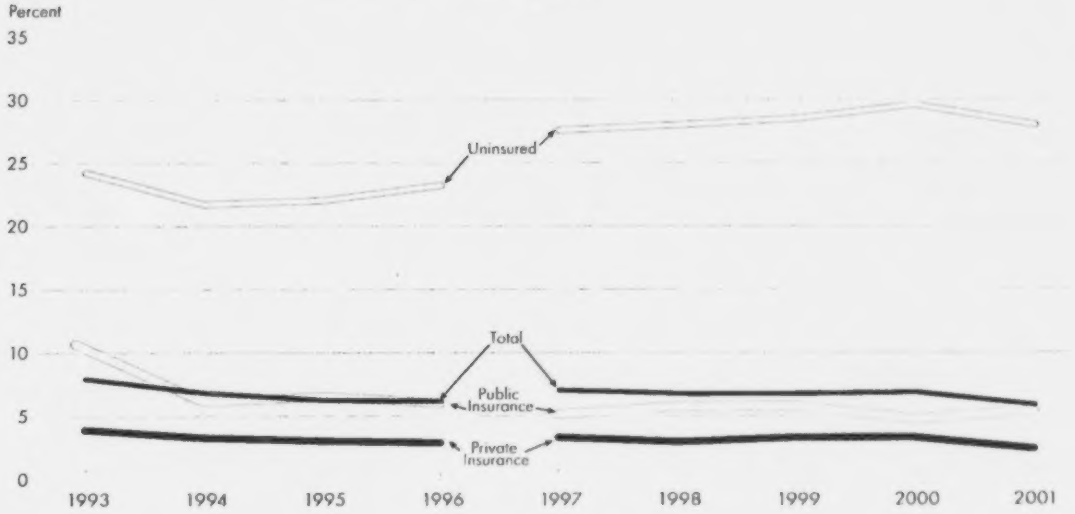
NOTE: Government health insurance for children consists primarily of Medicaid, but also includes Medicare, SCHIP (the State Children's Health Insurance Programs), and CHAMPUS/Tricare, the health benefit program for members of the armed forces and their dependents. Estimates beginning in 1999 include follow-up questions to verify health insurance status. Estimates for 1999 through 2001 are not directly comparable with earlier years, before the verification questions were added. Children are considered to be covered by health insurance if they had government or private coverage any time during the year.

SOURCE: U.S. Census Bureau, March Current Population Survey.

- In 2001, 88 percent of children had health insurance coverage at some point during the year, maintaining the all-time high established in 2000. However, between 85 and 88 percent of children have had health insurance in each year since 1987.
- The number of children who had no health insurance at any time during 2001 was 8.5 million (12 percent of all children), which was similar to 2000.
- The proportion of children covered by private health insurance decreased from 74 percent in 1987 to 66 percent in 1994, then increased to 70 percent in 1999, but dropped down to 68 percent in 2001. During the same time period, the proportion of children covered by government health insurance grew from 19 percent in 1987 to a high of 27 percent in 1993. Government health insurance decreased until 1999 and then began to climb again to 26 percent in 2001.[55]
- Hispanic children are less likely to have health insurance than either White, non-Hispanic or Black children. In 2001, 76 percent of Hispanic children were covered by health insurance, compared with 93 percent of White, non-Hispanic children and 86 percent of Black children.
- Overall rates of coverage are about the same by child's age. However, the type of insurance does vary by the age of the child: government-provided insurance decreases but private health insurance increases with age.

The health of children depends at least partially on their access to health services. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care.[56] Having a usual source of care—a particular person or place a child goes for sick and preventive care—facilitates the timely and appropriate use of pediatric services.[57,58] Emergency rooms are excluded here as a usual source of care because their focus on emergency care generally excludes the other elements of health care.[59]

Indicator ECON5.B **Percentage of children under age 18 with no usual source of health care by type of health insurance, 1993-2001**



NOTE: Emergency rooms are excluded as a usual source of care. A break is shown in the lines because in 1997, the National Health Interview Survey was redesigned. Data for 1997-2001 are not strictly comparable with earlier data.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

- In 2001, 6 percent of children had no usual source of health care, which is the lowest rate recorded since 1993.
- There are differences in the percentage of children having no usual source of care by type of health insurance coverage. In 2001, children with public insurance, such as Medicaid, were more likely to have no usual source of care than were children with private insurance (5 percent and 2 percent, respectively).
- Uninsured children are much more likely to have no usual source of care than are children who have health insurance. Children who were uninsured were nearly twelve times as likely as those with private insurance to have no usual source of care in 2001.
- In 2001, 12 percent of children in families below the poverty line had no usual source of care, compared with 4 percent of children in higher-income families.
- Older children are slightly more likely than younger children to lack a usual source of health care. In 2001, 6 percent of children ages 5 to 17 had no usual source of care, compared with 4 percent of children ages 0 to 4.

Bullets contain references to data that can be found in Tables ECON5.A and ECON5.B on pages 96-97. Endnotes begin on page 63.

Indicators Needed

Economic Security

Economic security is multifaceted, and several measures are needed to adequately represent its various aspects. While this year's report provides some information on economic and food security, additional indicators are needed on:

- *Economic security.* Changes in children's economic well-being over time need to be anchored in an average standard of living context. Multiple measures of family income or consumption, some of which might incorporate estimates of various family assets, could produce more reliable estimates of changes in children's economic well-being over time.
- *Long-term poverty among families with children.* Although good Federal data are available on child poverty and alternative measures are being developed (see Indicators ECON1.A and ECON1.B, Child Poverty and Family Income, and the discussion of alternative poverty rates on page 89), the surveys that collect these data do not capture information on long-term poverty. Long-term poverty among children can be estimated from existing longitudinal surveys, but changes to current surveys would be needed to provide estimates on a regular basis. Since long-term poverty can have serious negative consequences for children's well-being, regularly collected and reported data are needed to produce regular estimates.
- *Homelessness.* At present, there are no regularly collected data on the number of homeless children in the United States, although there have been occasional studies aimed at estimating this number.

Indicators of Children's Well-Being

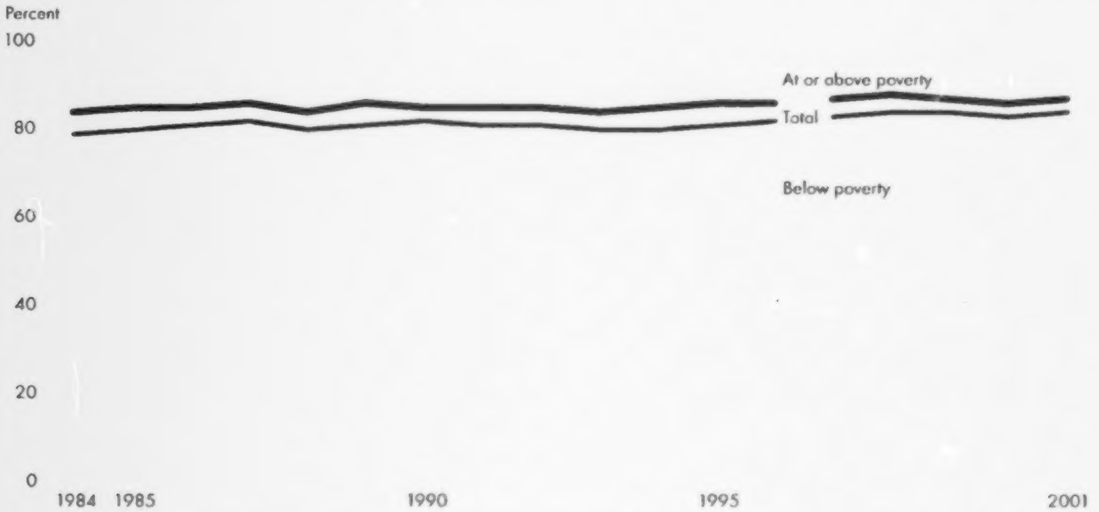
Health Indicators

The World Health Organization defines health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." This section presents information on several important measures of child health. Data depicted include indicators of general health and chronic disease, a measure of birth outcomes (low birthweight), mortality rates, overweight, immunization rates, and rates of births to adolescents. Important measures for which data are not available include child abuse and neglect, mental health, and disability.

General Health Status

The health of children and youth is fundamental to their well-being and development. Parental reports of their children's health provide one indication of the overall health status of the Nation's children. This indicator measures the percentage of children whose parents report them to be in very good or excellent health.

Indicator HEALTH1 **Percentage of children under age 18 in very good or excellent health by poverty status, 1984-2001**



NOTE: In 1997, the National Health Interview Survey was redesigned. Data for 1997-2001 are not strictly comparable with earlier data.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

- In 2001, about 83 percent of children were reported by their parents to be in very good or excellent health.
- Children under age 5 are slightly more likely to be in very good or excellent health than are children ages 5 to 17 (85 and 82 percent, respectively).
- White, non-Hispanic children were more likely than Black, non-Hispanic and Hispanic children to be in very good or excellent health. In 2001, 87 percent of White, non-Hispanic children were reported to be in very good or excellent health, compared with 74 percent of Black, non-Hispanic children and 77 percent of Hispanic children.
- Child health varies by family income. Children living below the poverty line are less likely than children in higher-income families to be in very good or excellent health. In 2001, about 71 percent of children in families below the poverty line were in very good or excellent health, compared with 86 percent of children in families living at or above the poverty line.
- Each year, children at or above the poverty line were substantially more likely to be in very good or excellent health than were children whose families were below the poverty line. However, the health gap between children below and those at or above the poverty line decreased slightly between 1984 and 2001.

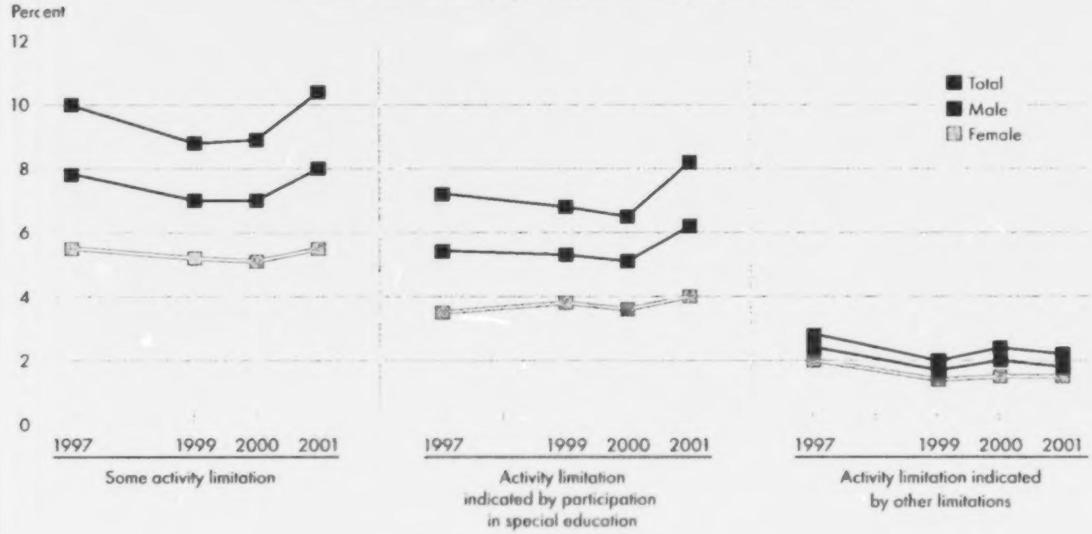
Bullets contain references to data that can be found in Table HEALTH1 on page 98. See indicator ECON1.A and ECON1.B on pages 16-17 for a description of child poverty.

Activity Limitation

Limitation of activity refers to a reduction in an individual's usual age-appropriate activities that results from a physical, mental, or emotional problem. "Age-appropriate" refers to the activities in which the individual would normally engage in at his/her age, such as school for children 5 to 17 years of age. In children, activity limitation is a broad measure of health and functioning in areas such as understanding or accomplishing routine schoolwork, eating, bathing, dressing, playing, and walking. Chronic health conditions that limit children's activities include, but are not restricted to: hearing, visual, and speech problems; learning disabilities; mental retardation and other developmental problems (such as cerebral palsy); mental and emotional problems; and a variety of chronic health problems (such as asthma). The long-term impact of activity limitation in children can often be ameliorated by use of health care and educational services.[60,61]

Indicator HEALTH2

Percentage of children ages 5 to 17 with any limitation in activity resulting from chronic conditions by gender, selected years 1997-2001



NOTE: Data are available for 1997, 1999, 2000, and 2001. Children are identified as having activity limitations by asking parents whether children (1) are limited in their ability to walk, to care for themselves, or to participate in any other activities, and whether they (2) receive special education services. Positive responses to either indicate some activity limitation. Children with activity limitations are categorized as children with activity limitation indicated by participation solely in special education and children with activity limitations indicated by other limitations, which includes some children who also receive special education services.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

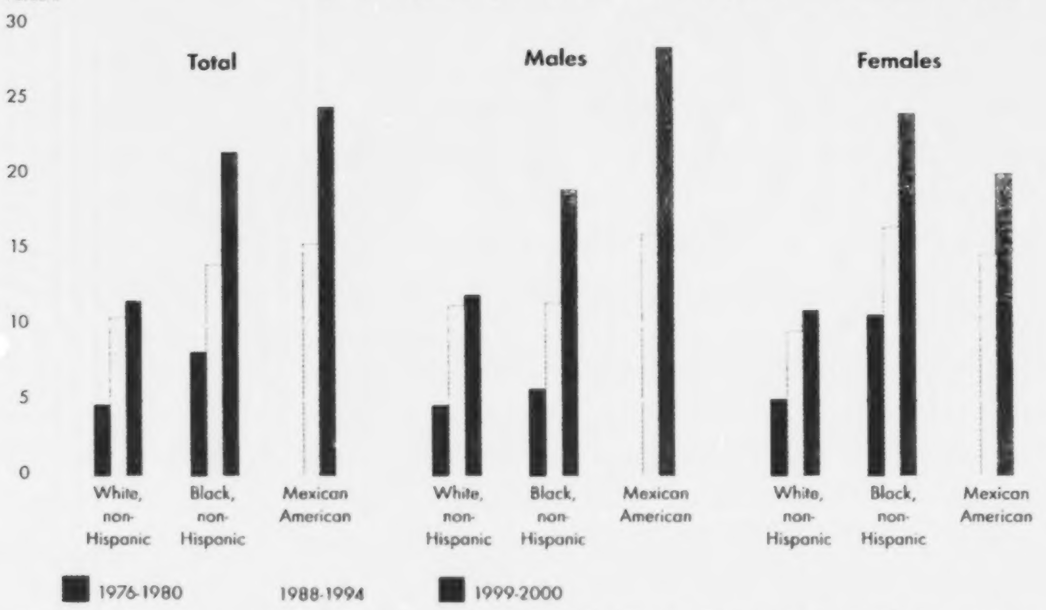
- In 2001, approximately 8 percent of children ages 5 to 17 were reported to have limitations of activity due to chronic conditions. Six percent were identified as having activity limitations solely by their participation in special education. Two percent had limitations affecting their ability to walk, care for themselves, or participate in other activities.
- Activity limitations, particularly those requiring special education services, are reported more often for males than for females. The reasons for this gender difference is unclear, however; maturational, behavioral, social, and diagnostic explanations have been proposed.[62]
- Children in families of lower socioeconomic status (as measured by family income and parental education) have higher rates of activity limitations compared with children in higher socioeconomic status families. Among children ages 5 to 17, 12 percent of children living in families with incomes below the poverty line had activity limitations due to chronic conditions in 2001, compared with 8 percent of children living in families with incomes at or above the poverty line.

Bullets contain references to data that can be found in Table HEALTH2 on page 99. Endnotes begin on page 63.

Overweight

Overweight adolescents often become overweight adults, with an increased risk for a wide variety of poor health outcomes including diabetes, stroke, heart disease, arthritis and certain cancers.[63,64] The immediate consequences of overweight in childhood are often psychosocial but also include cardiovascular risk factors such as high blood pressure, high cholesterol, and the precursors to diabetes.[65] The prevalence of overweight among U.S. children changed relatively little from the early 1960's through 1980; however, since 1980 it has increased sharply.[66] The reasons for the increase in children who are overweight are not entirely clear and little is known about the prevention and treatment of overweight on a population basis. Numerous factors (e.g. advances in technology and trends in eating out) have been suggested as causes; however, definitive data linking these factors to the recent trends are lacking. On an individual basis, it is clear that overweight is a result of an imbalance between energy intake and energy expenditure. Recent national estimates indicate that only half of U.S. children participate in vigorous physical activity[67] and less than a quarter eat the recommended 5 or more servings of fruits and vegetables per day,[68] both of which are likely to contribute to the current high rates of overweight. In addition to individual factors such as these, it is essential that we identify the social, economic, and cultural forces contributing to the increasing prevalence of overweight among U.S. children.

Indicator HEALTH3 **Percentage of children ages 6 to 18 who are overweight, by gender, race, and Hispanic origin, selected years 1976-1980, 1988-1994, and 1999-2000**



NOTE: Data for Mexican American children are not available from 1976-80 due to differences in reporting of race and Hispanic origin. Overweight is defined as body mass index (BMI) at or above the 95th percentile of the 2000 Centers for Disease Control and Prevention BMI-for-age growth charts. BMI is calculated as weight in kilograms divided by the square of height in meters.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

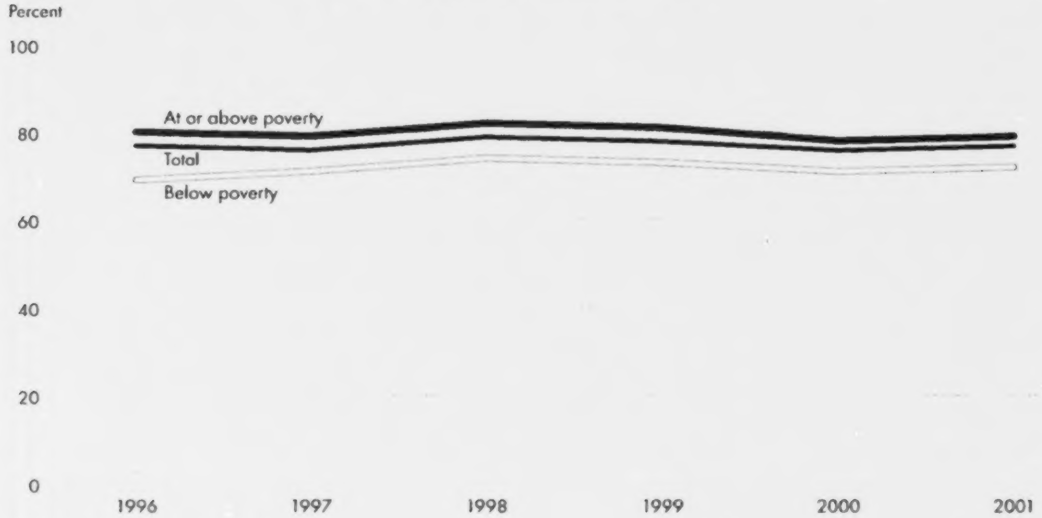
- Since the 1980s, there has been a steady increase in the proportion of children who are overweight. In 1976-1980, only 6 percent of children ages 6 to 18 were overweight. By 1988-1994 this proportion had risen to 11 percent, and continued to climb to 15 percent by 1999-2000.
- Data from 1999-2000 indicate that substantial racial and ethnic disparities exist such that larger percentages of Black, non-Hispanic, and Mexican American children are overweight compared with White, non-Hispanic children.
- Black, non-Hispanic girls and Mexican American boys are at particularly high risk of being overweight. In 1999-2000, 24 percent of Black, non-Hispanic girls and 29 percent of Mexican American boys were overweight.
- Among adolescent males ages 12 to 18, virtually no differences existed between ethnic groups in 1988-94. By 1999-2000, there were large ethnic differences: 12 percent of White, non-Hispanic compared with 21 percent of Black, non-Hispanic compared with 30 percent of Mexican American males were overweight.

Bullets contain references to data that can be found in Table HEALTH3 on page 100. Endnotes begin on page 63.

Childhood Immunization

Adequate immunization protects children against several diseases that killed or disabled children in past decades. Rates of childhood immunization are one measure of the extent to which children are protected from serious vaccine-preventable illnesses. The combined immunization series (often referred to as the 4:3:1:3 combined series) rate measures the extent to which children have received the recommended doses of four key vaccinations.

Indicator HEALTH4 **Percentage of children ages19 to 35 months with the 4:3:1:3 combined series of vaccinations by poverty status, 1996-2001**



NOTE: Vaccinations included in the combined series are 4 doses of a vaccine containing diphtheria and tetanus toxoids (either diphtheria, tetanus toxoids, and pertussis vaccine [DTP] or diphtheria and tetanus toxoids vaccine [DT]), 3 doses of polio vaccine, 1 dose of a measles-containing vaccine (MCV), and 3 doses of *Haemophilus influenzae* type b (Hib) vaccine. The recommended immunization schedule for children is available at http://www.cdc.gov/nip/recs/child-schedule.pdf.

SOURCE: Centers for Disease Control and Prevention, National Immunization Program and National Center for Health Statistics, National Immunization Survey.

- In 2001, 77 percent of children ages 19 to 35 months had received the recommended combined series of vaccines (often referred to as the 4:3:1:3 combined series).
- Children with family incomes below the poverty level had lower rates of coverage with the combined series than children with family incomes at or above the poverty line—72 percent of children below poverty compared with 79 percent of higher-income children.
- Rates of coverage with the full series of vaccines (4:3:1:3)were higher among White, non-Hispanic children than among Black, non-Hispanic or Hispanic children. Seventy-nine percent of White, non-Hispanic children ages 19 to 35 months received these immunizations compared with 71 percent of Black, non-Hispanic children and 77 percent of Hispanic children.
- Overall and for children living above and below the poverty level, coverage with the combined series remained relatively stable between 1999 and 2001, as did the gap in coverage between children in families living above and below the poverty level.
- Coverage with three or more doses of Hib vaccine among children ages 19 to 35 months remained relatively stable at 93 percent from 1996-2001.
- In addition to the combined series of vaccines, there are other important immunizations such as those for hepatitis B and varicella (chicken pox). Coverage with three or more doses of hepatitis B vaccine among children ages 19 to 35 months increased from 82 percent in 1996 to 89 percent in 2001.
- Coverage with varicella (chicken pox) vaccine among children ages 19 to 35 months continued to increase from 58 percent in 1999 to 76 percent in 2001. Gains in coverage for varicella vaccine were seen among all children regardless of race or ethnicity and poverty level; however, children living at or above the poverty line had higher coverage levels than children living below the poverty level.

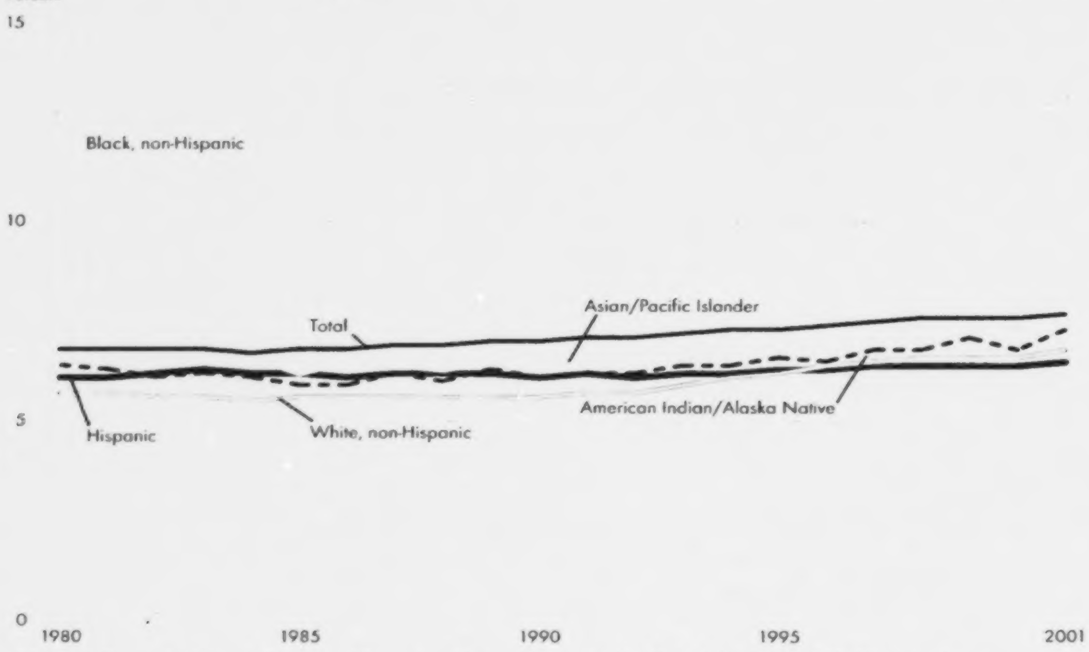
Bullets contain references to data that can be found in Table HEALTH4 on page 101.

Low Birthweight

Low-birthweight infants (infants born weighing less than 2,500 grams, or about 5.5 pounds) are at higher risk of death or long-term illness and disability than are infants of normal birthweight.[69,70] Low birthweight results from an infant's being born preterm (before 37 weeks' gestation) or from being small for his or her gestational age.

Indicator HEALTH5

Percentage of infants born of low birthweight by mother's race and Hispanic origin, 1980-2001



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

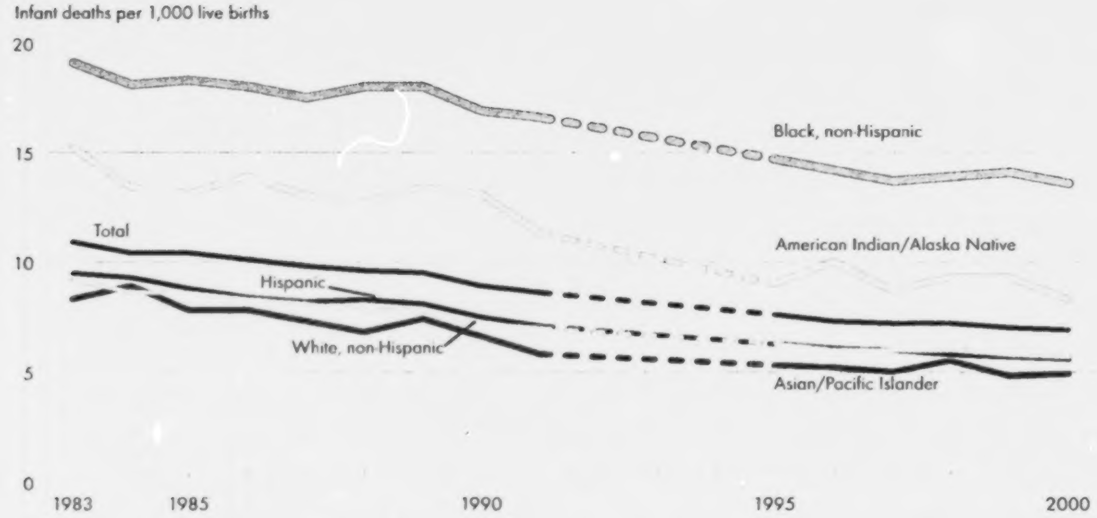
- The percentage of infants born of low birthweight was 7.7 in 2001, up slightly from 7.6 percent recorded in each year from 1998 to 2000. The low-birthweight rate has increased slowly but steadily since 1984, when it was 6.7 percent. The rate for 2001 was the highest since 1972.[10,20]
- The low-birthweight rate for Black, non-Hispanic infants is significantly higher than that of any other racial or ethnic group. From 1990 to 2001 the low-birthweight rate among Black, non-Hispanic infants varied between 13.6 and 13.1 percent. Infants of other racial and ethnic groups experienced increases in low-birthweight rates between 1990 and 2001: among White, non-Hispanic infants the rate rose from 5.6 to 6.8, among Hispanic infants it rose from 6.1 to 6.5, among Asians/Pacific Islanders it rose from 6.5 to 7.5, and among American Indians/Alaska Natives it rose from 6.1 to 7.3, the highest it has been in three decades.
- The percentage of low-birthweight births varies widely within Hispanic and Asian/Pacific Islander subgroups. Data for 2001 indicate that among Hispanics, women of Mexican origin had the lowest percentage of low-birthweight infants (6.1 percent) and Puerto Ricans the highest (9.3 percent). Among Asian/Pacific Islander subgroups, low-birthweight rates were lowest among women of Chinese origin (5.3 percent) and highest among women of Filipino origin (8.7 percent).
- About 1.4 percent of infants were born with very low birthweight (less than 1,500 grams, or about 3.25 pounds) in each year from 1996 to 2001, up from 1.3 percent in each year from 1989 to 1995 and 1.2 percent in each year from 1981 to 1998.
- One reason for the recent increase in low birthweight over the past several years is that the number of twin, triplet, and higher-order multiple births has increased.[10,70,71] Twins and other multiples are much more likely than singleton infants to be of low birthweight; 55 percent of twins and 94 percent of triplets, compared with 6 percent of singletons, were of low birthweight in 2001. However, even among singletons, there has been an increase in low birthweight.[10]

Bullets contain references to data that can be found in Table HEALTH5 on page 102. Endnotes begin on page 63.

Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. The infant mortality rate is an important measure of the well-being of infants, children, and pregnant women because it is associated with a variety of factors, such as maternal health, quality of and access to medical care, socioeconomic conditions, and public health practices.[72] In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infant or the pregnancy, such as preterm delivery or birth defects. About one-third of infant deaths occur after the first month and may be influenced by social or environmental factors, such as exposure to cigarette smoke or inadequate access to health care.[73]

Indicator HEALTH6 **Infant mortality rates by race and Hispanic origin, selected years 1983-2000**



NOTE: Data are available for 1983-91 and 1995-2000.[74] Infant deaths are deaths before a child's first birthday.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Linked File of Live Births and Infant Deaths.

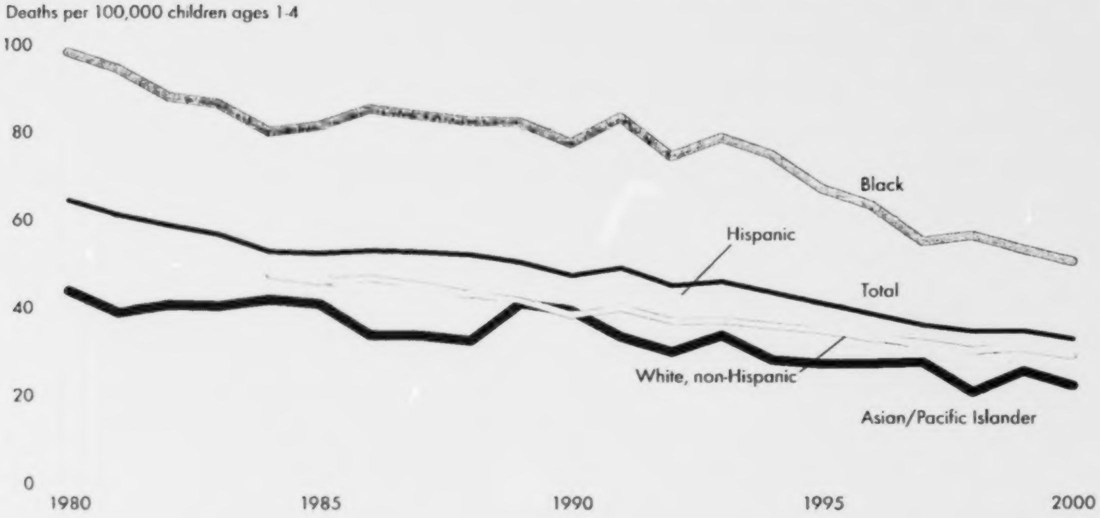
- The 2000 infant mortality rate for the United States was 6.9 deaths per 1,000 live births, a slight drop from the 1999 rate of 7.0.
- From 1999 to 2000, infant mortality decreased for White, non-Hispanic, Black, non-Hispanic, Hispanic, and American Indian/Alaska Native infants; however, the rate increased for Asian/Pacific Islander infants.
- Infant mortality has dropped for all racial and ethnic groups since 1983, but substantial racial and ethnic disparities remain. Black, non-Hispanic and American Indian/Alaska Native infants have consistently had a higher infant mortality rate than that of other racial or ethnic groups. For example, in 2000, the Black, non-Hispanic infant mortality rate was 13.6 infant deaths per 1,000 live births and the American Indian/Alaska Native rate was 8.3, both significantly higher than the rates among White, non-Hispanics (5.7), Hispanics (5.6), or Asians/Pacific Islanders (4.9).
- Infant mortality rates also vary within racial and ethnic populations. For example, among Hispanics in the United States, the infant mortality rate for 2000 ranged from 4.5 for infants of Cuban and Central/South American origins to a high of 8.2 for Puerto Ricans. Among Asians/Pacific Islanders, infant mortality rates ranged from 3.5 for infants of Chinese origin to 9.1 for Native Hawaiians.

Bullets contain references to data that can be found in Table HEALTH6 on page 103. Endnotes begin on page 63.

Child Mortality

Child death rates are the most severe measure of ill health in children. These rates have generally declined over the past two decades. Deaths to children ages 1 to 4 are calculated separately from those for children ages 5 to 14 because causes and death rates vary substantially by age.

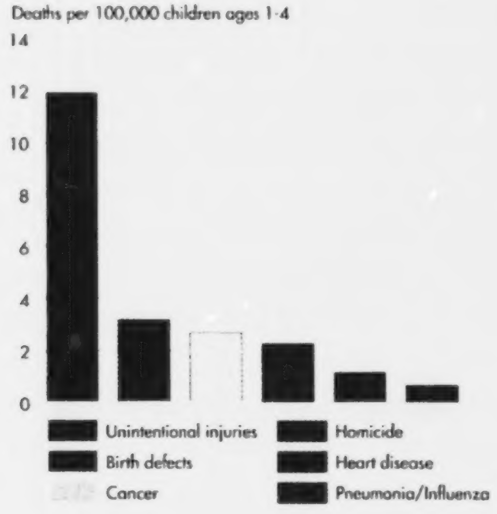
Indicator HEALTH7.A **Death rates among children ages 1 to 4 by race and Hispanic origin, 1980-2000**



NOTE: Death rates for American Indians/Alaska Natives are included in the total but are not shown separately because the numbers of deaths were too small to calculate reliable rates.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

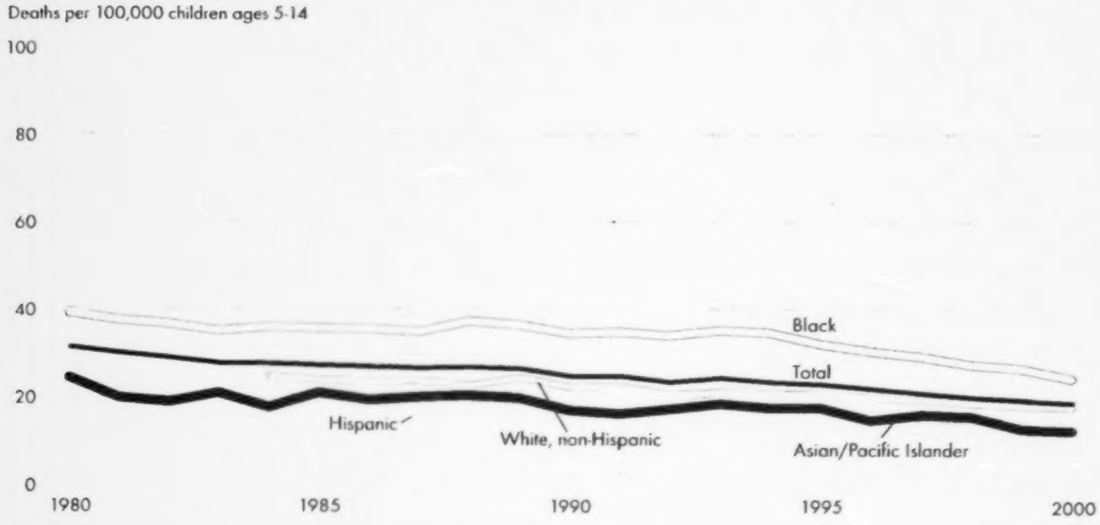
Indicator HEALTH7.B **Death rates among children ages 1 to 4 by cause of death, 2000**



- In 2000, the death rate for children ages 1 to 4 was 32 per 100,000 children.
- Between 1980 and 2000, the death rate declined by almost half for children ages 1 to 4.
- Among children ages 1 to 4, Black children had the highest death rate in 2000, at 50 per 100,000 children. Asian/Pacific Islander children had the lowest death rate, at 22 per 100,000.
- Among children ages 1 to 4, unintentional injuries were the leading cause of death at 12 per 100,000, followed by birth defects and cancer at 3 per 100,000 children each.
- Motor vehicle traffic crashes are the most common type of injury among children. Use of child restraint systems, including safety seats, booster seats, and seat belts, can greatly reduce the number and severity of injuries to child occupants of motor vehicles. In 2000, 44 percent of child occupants ages 1 to 4 who died in crashes were unrestrained.[75]

Death rates for children ages 5 to 14 are lower than those for children under age 5. The leading cause of death for children at this age remains unintentional injuries, but some other causes of death, such as birth defects, are less common among children ages 5 to 14 than among children ages 1 to 4.

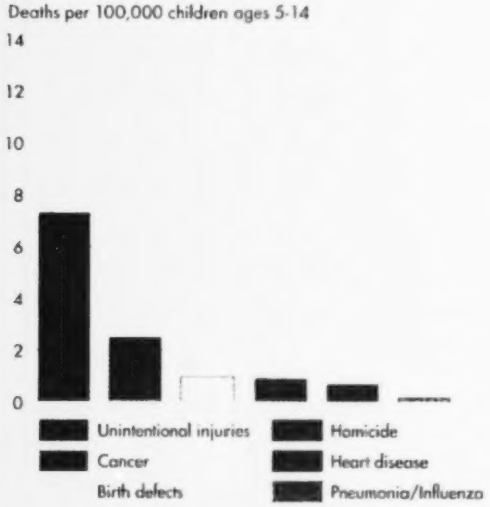
Indicator HEALTH7.C **Death rates among children ages 5 to 14 by race and Hispanic origin, 1980-2000**



NOTE: Death rates for American Indians/Alaska Natives are included in the total but not shown separately because the numbers of deaths were too small to calculate reliable rates.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Indicator HEALTH7.D **Death rates among children ages 5 to 14 by cause of death, 2000**



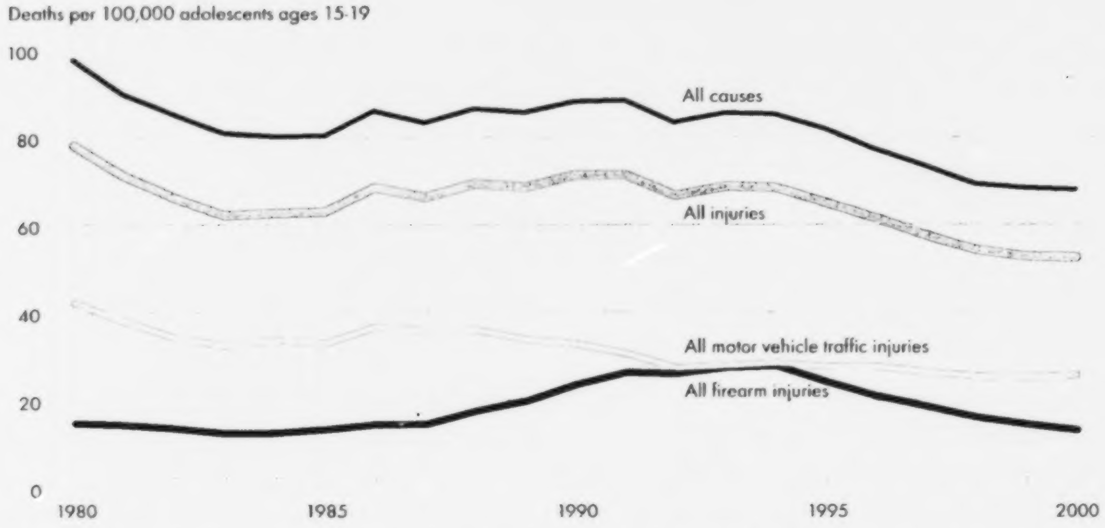
- The death rate in 2000 for children ages 5 to 14 was 18 per 100,000 children.
- Between 1980 and 2000, the death rate declined by approximately 40 percent, from 31 to 18 deaths per 100,000 children ages 5 to 14.
- Similar to mortality patterns for children under the age of 5, among children ages 5 to 14, Black children had the highest death rates in 2000 at 24 deaths per 100,000, and Asians/Pacific Islanders had the lowest death rate at 12 per 100,000.
- Among children ages 5 to 14, unintentional injuries were the leading cause of death, followed by cancer, birth defects, and homicides.
- The majority of unintentional injury deaths among children ages 5 to 14 result from motor vehicle traffic crashes. More than 64 percent of children ages 5 to 14 who died as occupants in motor vehicle crashes in 2000 were not wearing a seatbelt or other restraint.[75]

Bullets contain references to data that can be found in Tables HEALTH7.A and HEALTH7.B on pages 104-105. Endnotes begin on page 63.

Adolescent Mortality

Compared with younger children, adolescents ages 15 to 19 have much higher mortality rates. Adolescents are much more likely to die from injuries sustained from motor vehicle traffic accidents or firearms.[76] This difference illustrates the importance of looking separately at mortality rates and causes of death among teenagers ages 15 to 19.

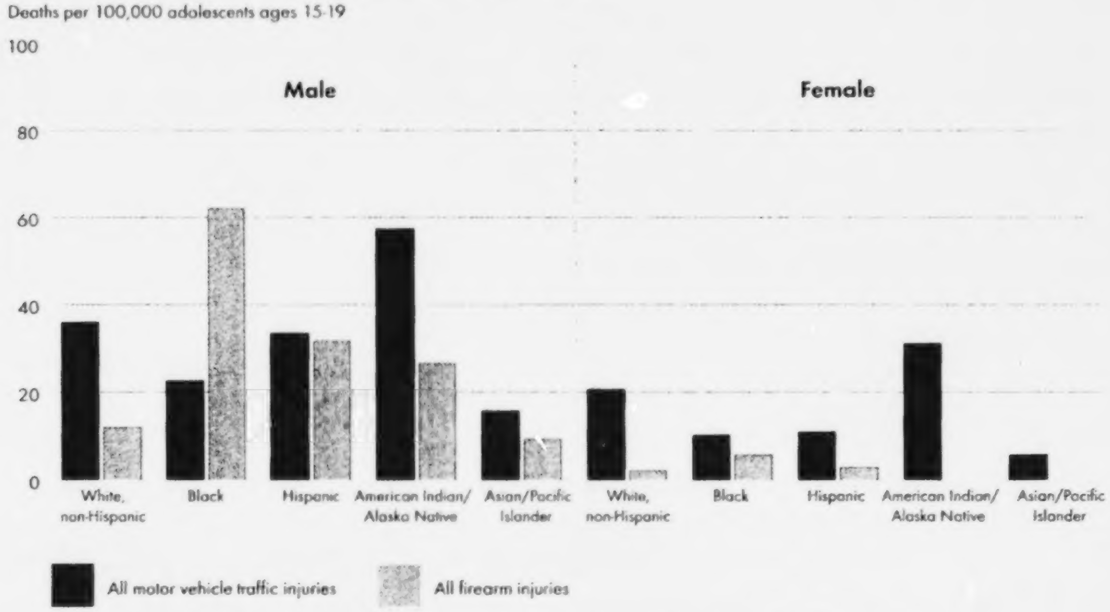
Indicator HEALTH8.A **Death rates among adolescents ages 15 to 19 by cause of death, 1980-2000**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- In 2000, the death rate for adolescents ages 15 to 19 was 67 deaths per 100,000. Overall, the rate has declined substantially since 1980, despite a period of increase between 1986 and 1991. Injury, which includes homicide, suicide, and unintentional injuries, continues to account for more than 3 of 4 deaths among adolescents.[20]
- Injuries from motor vehicles and firearms are the primary causes of death among adolescents. In 2000, motor vehicle traffic-related injuries accounted for 25 of the 67 deaths per 100,000 youth ages 15 to 19 (37 percent), while firearm injuries accounted for 13 of the 67 deaths per 100,000 youth ages 15 to 19 (19 percent).
- Motor vehicle injuries were the leading cause of death among adolescents for each year between 1980 and 2000, but the motor vehicle death rate declined by more than one-third during the time period.
- In 1980, motor vehicle traffic-related deaths among adolescents ages 15 to 19 occurred almost three times as often as firearm injuries (intentional and unintentional). By 2000, the rate of motor vehicle traffic-related deaths was less than double that of firearm injuries.
- Motor vehicle traffic-related and firearm death rates have followed different trends since 1980. From 1980 to 1985, both rates declined; in the following years, however, the motor vehicle traffic death rate continued to decline modestly while the firearm death rate increased markedly. During the years 1992 to 1994, the two rates differed only slightly. However, since 1994, the firearm death rate has decreased by more than half while the motor vehicle death rate has decreased only slightly.
- Most of the increase in firearm injury deaths between 1983 and 1993 resulted from an increase in homicides. The firearm homicide rate among youth ages 15 to 19 more than tripled from 5 to 18 per 100,000 between 1983 and 1993. At the same time, the firearm suicide rate rose from 5 to 7 per 100,000. From 1994 to 2000, the firearm homicide rate declined by over one-half and the firearm suicide rate declined by nearly one-third.
- After injuries, additional leading causes of death for adolescents include cancer, heart disease, and birth defects.[20]

Indicator HEALTH8.B Injury death rates among adolescents ages 15 to 19 by gender, race, Hispanic origin, and type of injury, 2000



NOTE: There were too few firearm deaths to calculate a reliable rate for American Indian/Alaska Native females and Asian/Pacific Islander females.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

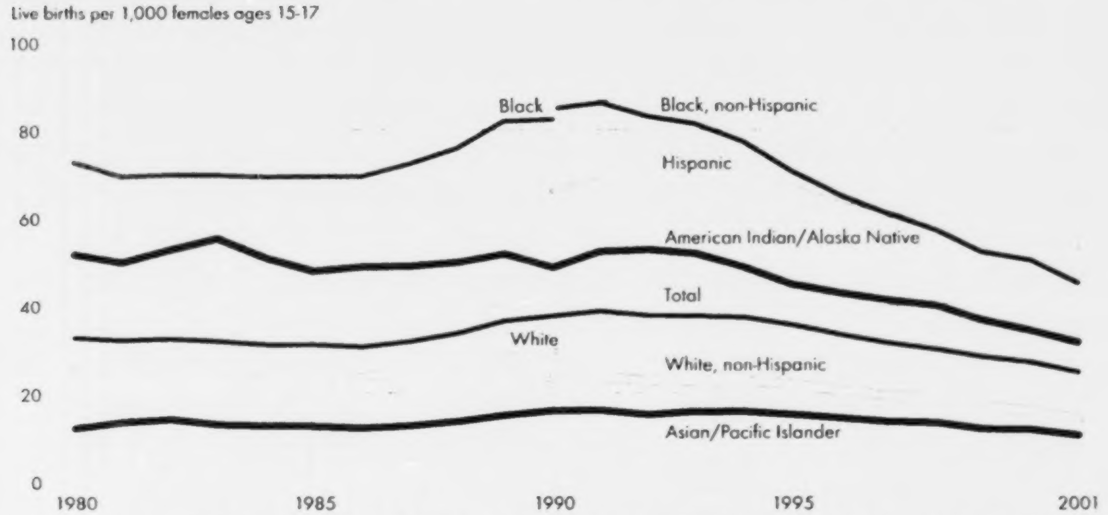
- Motor vehicle and firearm injury deaths are both more common among male than among female adolescents. In 2000, the motor vehicle traffic death rate for males was nearly twice the rate for females, and the firearm death rate among males was eight times that for females.
- Among adolescents in 2000, motor vehicle injuries were the most common cause of death among all females, as well as among White, non-Hispanic, Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander males. Firearm injuries were the most common cause of death among Black males. Black males were more than twice as likely to die from a firearm injury as from a motor vehicle traffic injury.
- Deaths from firearm suicides were more common than deaths from firearm homicides among White, non-Hispanic adolescents, while the reverse is found for Black and Hispanic adolescent males.
- Deaths from firearm injuries among adolescents declined between 1994 and 2000, particularly among Black and Hispanic males. From 1994 to 2000, the firearm homicide rates for Black and Hispanic adolescent males declined substantially, from 126 to 52 per 100,000 for Black males, and from 49 to 22 per 100,000 for Hispanic males.

Bullets contain references to data that can be found in Table HEALTH8 on pages 106-107. Endnotes begin on page 63.

Adolescent Births

Bearing a child during adolescence is often associated with long-term difficulties for the mother and her child. These consequences are often attributable to poverty and the other adverse socioeconomic circumstances that frequently accompany early childbearing.[77] Compared with babies born to older mothers, babies born to adolescent mothers, particularly young adolescent mothers, are at higher risk of low birthweight and infant mortality.[10,13,69] They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn high school diplomas. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earnings potential.[78] The birth rate of adolescents under age 18 is a measure of particular interest because the mothers are still of school age.

Indicator HEALTH9 **Birth rates for females ages 15 to 17 by race and Hispanic origin, 1980-2001**



NOTE: Rates for 1980-89 are calculated for all Whites and all Blacks. Rates for 1980-89 are not shown for Hispanics; White, non-Hispanics; or Black, non-Hispanics because information on the Hispanic origin of the mother was not reported on the birth certificates of most states.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- In 2001, the adolescent birth rate was 25 per 1,000 young women ages 15 to 17. There were 145,324 births to these young women in 2001. The 2001 rate was a record low for the Nation.[10,14,15]
- The birth rate among adolescents ages 15 to 17 declined more than one-third, from 39 to 25 births per 1,000, between 1991 and 2001. This decline follows a one-fourth increase between 1986 and 1991. The 2001 rate was a record low for young adolescents.[14,15,79]
- There are substantial racial and ethnic disparities in birth rates among adolescents ages 15 to 17. In 2001, the birth rate for this age group was 10 per 1,000 for Asians/Pacific Islanders, 14 for White, non-Hispanics, 31 for American Indians/Alaska Natives, 45 for Black, non-Hispanics, and 53 for Hispanics.[14]
- The birth rate for Black, non-Hispanic females ages 15 to 17 dropped by nearly half between 1991 and 2001, completely reversing the increase between 1986 and 1991. The birth rate for White, non-Hispanic teens declined by two-fifths during 1991-2001.[15]
- The birth rate for Hispanics in this age group declined more modestly in the 1990s; the rate fell by about one-fourth between 1991 and 2001.[15]
- In 2001, 88 percent of births to females ages 15 to 17 were to unmarried mothers, compared with 62 percent in 1980 (See POP7.B).
- The birth rates for first and second births for ages 15 to 17 declined by one-third and one-half, respectively, between 1990 and 2001.
- The pregnancy rate (the sum of births, abortions, and fetal losses per 1,000 females) declined by nearly one-third for adolescents ages 15 to 17 during 1990 to 1999, reaching a record low of 56 per 1,000 in 1999. Rates for births, abortions, and fetal losses declined for young adolescents in the 1990s.[15,80,81]

Bullets contain references to data that can be found in Table HEALTH9 on page 108 and Table POP7.B on page 82. Endnotes begin on page 63.

Indicators Needed

Health

National indicators in several key dimensions of health are not yet available because of difficulty in definitions and measurement, particularly using survey research. The following health-related areas have been identified as priorities for indicator development by the Federal Interagency Forum on Child and Family Statistics:

- *Disability.* The Forum is very interested in developing an improved measure of functioning that can be derived from regularly collected data. Such a measure is often referred to as a disability measure. The difficulties inherent in developing such a measure relate to the fact that disability is a complicated, multidimensional concept. Many definitions of disability are currently in use by policy-makers and researchers, but there is little agreement regarding which aspects of functioning should be included or how they should be measured. Disability is best thought of as an umbrella term that includes pathology, impairment, functional limitations, task limitations, and activity limitations as well as characteristics of the environment that can be either a barrier or a support to the activity of the individual. The measurement of functioning and disability in children is critically important, and the Forum is working on determining which aspects of disability should be reported in this volume, and on developing indicators that address these core aspects of health-related well-being.
- *Mental health.* An international panel of experts in the area of children's mental health has been working with staff at the National Institute of Mental Health, the Center for Mental Health Services in the Substance Abuse and Mental Health Services Administration, and Forum agencies to determine data needs and develop better measures to obtain data on children's mental health. As a result of this collaborative effort, new questions were recently added to the National Center for Health Statistics' annual National Health Interview Survey. Some data have been collected, and plans are being made to evaluate the data and conduct a validity study.
- *Child abuse and neglect.* Also needed are regular, reliable estimates of the incidence of child abuse and neglect that are based on sample surveys rather than administrative records. One estimate of child abuse and neglect was presented as a special feature in *America's Children, 1997.* Since administrative data are based on cases reported to authorities, it is likely that these data underestimate the magnitude of the problem. Estimates based on sample survey data could potentially provide more accurate information; however, a number of issues still persist, including how to effectively elicit this sensitive information, how to identify the appropriate respondent for the questions, and whether there is a legal obligation for the surveyor to report abuse or neglect.

Indicators of Children's Well-Being

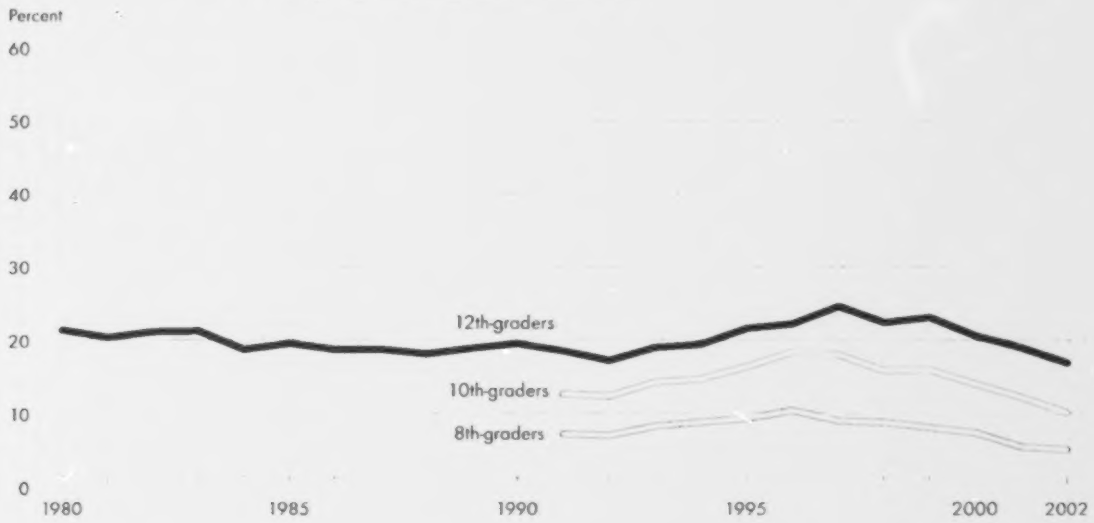
Behavior and Social Environment Indicators

The indicators in this section present data on selected measures of young people's personal behavior and aspects of their social environment that may affect them. The indicators focus on illegal or high-risk behaviors, including smoking cigarettes, drinking alcohol, using illicit drugs, and involvement in serious violent crimes, either as offender or victim. In addition to these indicators, readers should consider positive behaviors of children, aspects of neighborhood environment, and other aspects of risk and problem behaviors in evaluating this dimension. Sources for some of these indicators are being sought.

Regular Cigarette Smoking

Smoking has serious long-term consequences, including the risk of smoking-related diseases and the risk of premature death, as well as causing increased health care costs associated with treating the illnesses.[82] Many adults who are addicted to tobacco today began smoking as adolescents, and it is estimated that more than 5 million of today's underage smokers will die of tobacco-related illnesses.[83] These consequences underscore the importance of studying patterns of smoking among adolescents.

Indicator BEH1 **Percentage of students who reported smoking cigarettes daily in the previous 30 days by school grade, 1980-2002**



SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

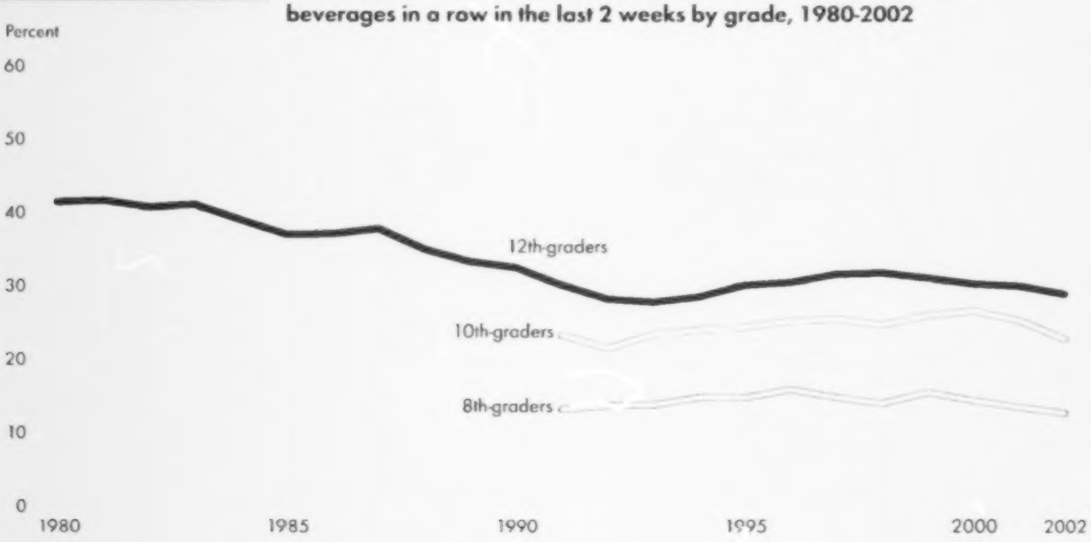
- Between 2001 and 2002, the rate of daily smoking in the past month decreased from 12 percent to 10 percent among 10th-graders and from 19 percent to 17 percent among 12th-graders. These declines, and similar decreases for 8th-graders in other indicators of cigarette smoking, continue decreases seen since 1997 for 12th-graders and 1996 for 8th- and 10th-graders. Five percent of 8th-graders reported daily smoking in the past month in 2002, unchanged from 2001. For each grade, the rates of daily smoking in 2002 are the lowest in the history of the survey (since 1975 for 12th-graders and since 1991 for 8th- and 10th-graders).
- Long-term trends for high school seniors show that daily smoking declined from 21 percent in 1980 to just over 17 percent in 1992, increased to 25 percent in 1997, and declined to just under 17 percent in 2002.
- Males and females are generally similar in their rates of daily smoking. Among males, 5 percent of 8th-graders, 9 percent of 10th-graders, and 17 percent of 12th-graders reported daily smoking in the past 30 days in 2002; among females, the corresponding rates were 5 percent for 8th-graders, 11 percent for 10th-graders, and 16 percent for 12th-graders.
- Rates of smoking differ substantially between racial and ethnic groups. White students have the highest rate of smoking, followed by Hispanics and then Blacks. Among high school seniors in 2002, 22 percent of Whites reported daily smoking, compared with 9 percent of Hispanics and 6 percent of Blacks.

Bullets contain references to data that can be found in Table BEH1 on page 109. Endnotes begin on page 63.

Alcohol Use

Alcohol is the most commonly used psychoactive substance during adolescence. Its use is associated with motor vehicle accidents, injuries, and deaths; with problems in school and in the workplace; and with fighting, crime, and other serious consequences.[84] Early onset of heavy drinking may be especially problematic, potentially increasing the likelihood of negative outcomes.

Indicator BEH2 **Percentage of students who reported having five or more alcoholic beverages in a row in the last 2 weeks by grade, 1980-2002**



SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

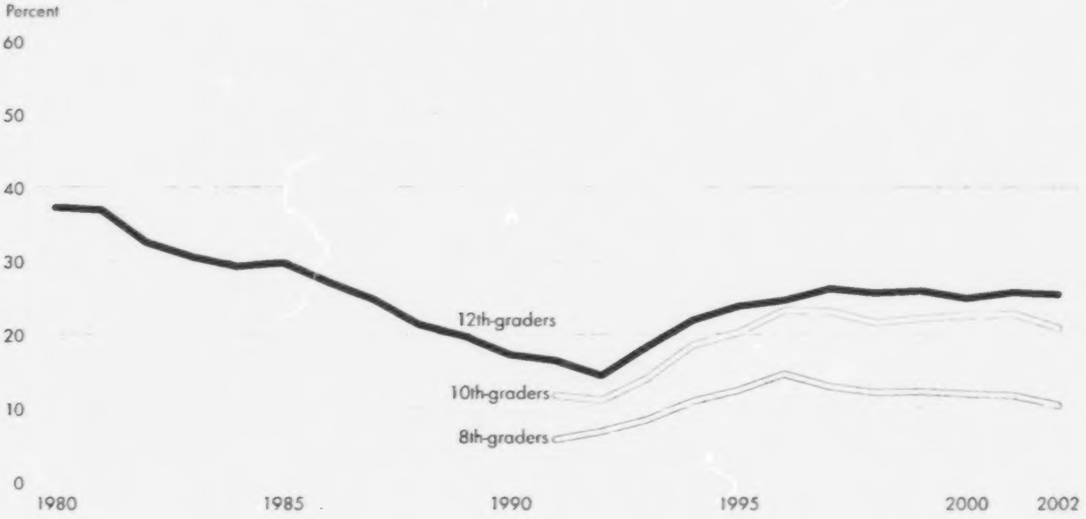
- From 2001 to 2002, the proportion of 10th-graders reporting episodic heavy drinking (i.e., having at least five drinks in a row at least once in the previous 2 weeks) declined from 25 percent to 22 percent. Rates remained stable from 2001 to 2002 among 8th- and 12th-graders, with 12 and 29 percent, respectively, reporting this type of alcohol consumption in the past 2 weeks in 2002.
- Long-term trends for high school seniors indicate a peak in 1981, when 41 percent reported heavy drinking. Over the next 12 years, the percentage of high school seniors reporting heavy drinking declined gradually to a low of 28 percent in 1993. Since 1993, the prevalence of this behavior has held fairly steady.
- Among 12th-graders, males are more likely to drink heavily than are females. In 2002, 34 percent of 12th-grade males reported heavy drinking, compared with 23 percent of 12th-grade females. As adolescents get older, the differences between males and females in this drinking behavior appear to become more pronounced. Among 10th-graders, the gender difference in heavy drinking has been found in earlier years (e.g., 29 percent for males versus 21 percent for females in 2001), but a sharp decline in drinking among males brought the rates closer in 2002 (24 percent for males versus 21 percent for females).
- Heavy drinking is much more likely among White and Hispanic secondary school students than among their Black counterparts. For example, among 12th-graders, 12 percent of Blacks reported heavy drinking in 2002, compared with 34 percent of Whites and 26 percent of Hispanics. Similarly, among 10th-graders, 12 percent of Blacks reported heavy drinking, compared with 26 percent of Whites and 27 percent of Hispanics.

Bullets contain references to data that can be found in Table BEH2 on page 110. Endnotes begin on page 63.

Illicit Drug Use

Drug use by adolescents can have immediate as well as long-term health and social consequences. Cocaine use is linked with health problems that range from eating disorders to disability to death from heart attacks and strokes.[85] Marijuana use poses both health and cognitive risks, particularly for damage to pulmonary functions as a result of chronic use.[86,87] Hallucinogens can affect brain chemistry and result in problems with learning new information and memory.[88] As is the case with alcohol use and smoking, drug use is a risk-taking behavior that has potentially serious negative consequences.

Indicator BEH3 **Percentage of students who reported using illicit drugs in the previous 30 days by grade, 1980-2002**



NOTE: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including LSD, PCP, and ecstasy [MDMA]), amphetamines (including methamphetamine), and nonmedical use of psychotherapeutics.

SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

- Between 2001 and 2002, illicit drug use in the past 30 days declined from 23 percent to 21 percent among 10th-graders. One-quarter of 12th-graders and one-tenth of 8th-graders reported past 30-day illicit drug use in 2002, unchanged from the previous year.
- Twelve-year trends for 8th- and 10th-graders show that past-30-day illicit drug use increased from the early to mid-1990s, peaking in 1996 at 15 percent and 23 percent in the respective grades. For 8th-graders, illicit drug use then declined gradually from 1996 to 2001 and decreased further in 2002; for 10th-graders, it remained stable until the decrease between 2001 and 2002.
- Longer-term trends for high school seniors show that past-30-day illicit drug use declined from 37 percent in 1980 to 14 percent in 1992. The rate then rose sharply, reaching 26 percent in 1997, and has remained around that level through 2002.
- Among 12th-graders, more males than females report illicit drug use (29 percent compared with 22 percent, respectively, in 2002). For younger students, gender differences are less dramatic but are in the same direction. Between 2001 and 2002, past-30-day illicit drug use by males declined from 13 to 11 percent among 8th-graders and from 25 to 22 percent among 10th-graders; illicit drug use by females in these grades remained stable over this period.
- White and Hispanic students generally have higher illicit drug use rates than do Black students. Among 10th-graders, for example, 23 percent of Whites and 21 percent of Hispanics reported past-30-day illicit drug use, compared with 16 percent of Blacks in 2002.

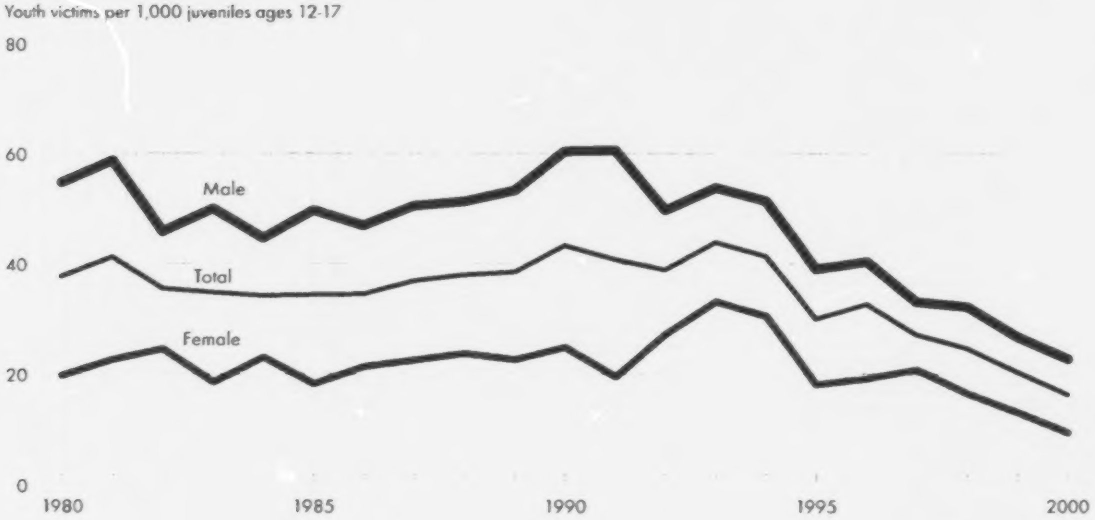
Bullets contain references to data that can be found in Table BEH3 on page 111. Endnotes begin on page 63.

Youth Victims and Perpetrators of Serious Violent Crimes

Violence affects the quality of life of young people who experience, witness, or feel threatened by it. In addition to the direct physical harm suffered by young victims of serious violence, such violence can adversely affect victims' mental health and development and increase the likelihood that they themselves will commit acts of serious violence.[89,90] Youth ages 12 to 17 are twice as likely as adults to be victims of serious violent crimes,[91] which include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide.

Indicator BEH4.A

Rate of serious violent crime victimization of youth ages 12 to 17 by gender, 1980-2000



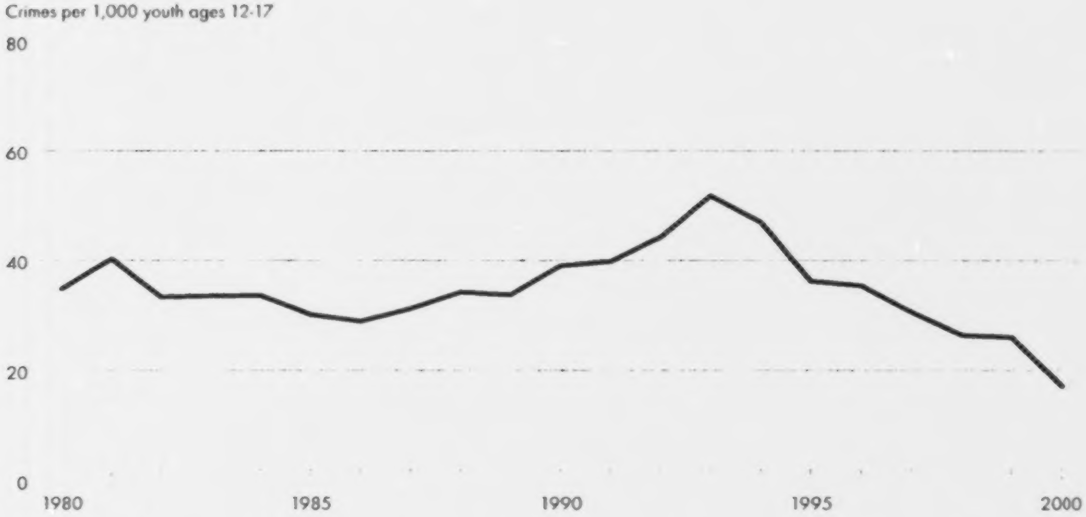
NOTE: Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Numbers for 2000 are preliminary and do not contain final homicide estimates.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

- In 2000, the rate at which youth were victims of serious violent crimes was 16 crimes per 1,000 juveniles ages 12 to 17, totaling about 390,000 such crimes.
- The serious violent crime victimization rate fluctuated between 34 and 43 per 1,000 from 1980 to 1990 and peaked at 44 per 1,000 in 1993. Since 1993, the rate of serious violent crime against youth has decreased by 63 percent, down to 16 per 1,000 in 2000.
- Males are more than twice as likely as females to be victims of serious violent crimes. In 2000, the serious violent crime victimization rate was 23 per 1,000 male youth, compared with 10 per 1,000 female youth.
- In 2000, the serious violent crime victimization rate for youth dropped more for younger teens (ages 12 to 14) than for older teens (ages 15 to 17). In 2000, the rate for older teens dropped to 19 per 1,000 and for younger teens dropped to 14 per 1,000.

The level of youth violence in society can be viewed as an indicator of youths' ability to control their behavior, as well as the adequacy of socializing agents such as families, peers, schools, and religious institutions to supervise or channel youth behavior to acceptable norms. One measure of the serious violent crime committed by juveniles is the incidence rate of serious violent juvenile crime.

Indicator BEH4.B **Serious violent crime offending rate by youth ages 12 to 17, 1980-2000**



NOTE: This rate is the ratio of the number of crimes (aggravated assault, rape, and robbery; i.e., stealing by force or threat of violence) reported to the National Crime Victimization Survey for which the age of the offenders was known, plus the number of homicides reported to police that involved at least one juvenile offender perceived by the victim (or by law enforcement in the case of homicide) to be 12 through 17 years of age, to the number of juveniles in the population. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Numbers for 2000 are preliminary and do not contain final homicide estimates.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

- According to reports by victims, in 2000 the serious violent crime offending rate was 17 crimes per 1,000 juveniles ages 12 to 17, totaling 413,000 such crimes involving juveniles. This is a 67 percent drop from the 1993 high and the lowest rate recorded since the national victimization survey began in 1973.
- Reports by victims indicate that between 1980 and 1989, the serious violent juvenile crime offending rate fluctuated between 29 and 40 per 1,000, and then began to increase from 34 per 1,000 in 1989 to a high of 52 per 1,000 in 1993. Since then, the rate has steadily dropped, to 17 per 1,000 in 2000.
- Based on victims' reports, since 1980 the percentage of all serious violent crime involving juveniles has ranged from 19 percent in 1982 to 26 percent in 1993, the peak year for youth violence. In 2000, 19 percent of all such victimizations reportedly involved a juvenile offender.
- In more than half (59 percent) of all serious violent juvenile crimes reported by victims in 2000, more than one offender was involved in the incident. Because insufficient detail exists to determine the age of each individual offender when a crime is committed by more than one offender, the number of additional juvenile offenders cannot be determined. Therefore, this rate of serious violent crime offending does not represent the number of juvenile offenders in the population, but rather the number of crimes committed involving juveniles ages 12 to 17 in relation to the juvenile population.

Bullets contain references to data that can be found in Tables BEH4.A and BEH4.B on pages 112-113. Endnotes begin on page 63.

Indicators Needed

Behavior and Social Environment

A broader set of indicators than those presented in this section is needed to adequately monitor the social environment and behaviors of youth. Other behavior and social environment measures are needed on:

- *Indicators of positive behaviors.* The participation of youth in positive activities and the formation of close attachments to family, school, and community have been linked to positive outcomes in research studies. Additional research needs to be conducted to strengthen our understanding of positive activities and the aspects of those activities that protect youth from risk. Then, regular sources of data that can be used to monitor trends in these important areas over time need to be developed. To that end, the Forum co-sponsored the Indicators of Positive Development conference to conceptualize, define, and measure positive youth development. The child care background measure shows participation rates in extracurricular activities such as organized sports, clubs, arts, religious activities, and other school or community activities. In addition, the youth participation in volunteer activities measure was presented as a special feature in the *America's Children, 2000* report. Forum agencies are also examining the measurement and influence of young people's feelings of closeness with their parents.
- *Neighborhood environment.* Research shows that growing up in distressed neighborhoods has an effect over and above that of individual or family background characteristics on child well-being. A survey is being implemented that would, for the first time, enable the monitoring of America's communities and neighborhoods over time and identify distressed neighborhoods in which children are living.
- *Youth violence.* According to victim reports, 19 percent of violent crimes in 2000 involved a youth offender between the ages of 12 and 17. Since crime data are reported by victims, not perpetrators, the indicator on serious violent crime offending by youth does not provide critical information on the number and characteristics of youthful offenders involved in serious crime. Additional work is needed to produce a more comprehensive and useful measure of the prevalence of violence among young people.

Indicators of Children's Well-Being

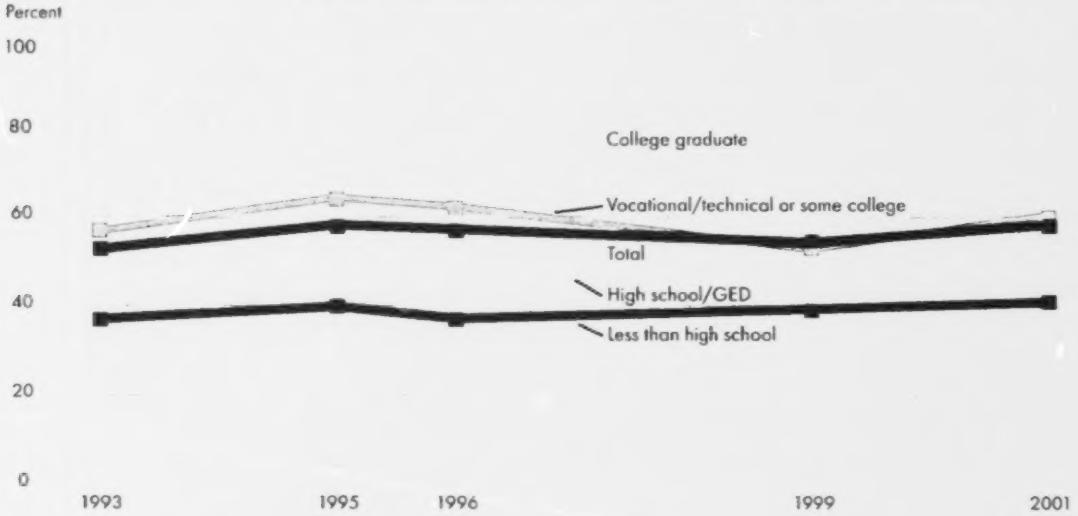
Education Indicators

The education of children shapes their own personal development and life chances, as well as the economic and social progress of our Nation. This section presents key indicators of how well children are learning and progressing from early childhood through postsecondary school. Two indicators related to early childhood development are presented: family reading to young children and participation in early childhood care and education. Both measures are placeholders for a direct recurring assessment of what preschoolers know and can do, which is not yet available. Scores on national assessments of mathematics and reading for elementary, middle, and high school students are presented, followed by an indicator on advanced coursetaking. Completion rates for high school and college indicate the extent to which students have attained a basic education and are prepared for higher levels of education or the workforce. By contrast, the indicator on youth neither enrolled in school nor working tracks the extent to which youth are at risk of limiting their future prospects at a critical stage of their lives.

Family Reading to Young Children

Reading to young children promotes language acquisition and correlates with literacy development and, later on, with achievement in reading comprehension and overall success in school.[92] The percentage of young children read aloud to daily by a family member is one indicator of how well young children are being prepared for school. Mother's education is consistently related to whether children are read to by a family member.

Indicator ED1 **Percentage of children ages 3 to 5 who were read to every day in the last week by a family member by mother's education, selected years 1993-2001**



NOTE: Data are available for 1993, 1995, 1996, 1999, and 2001. Estimates are based on children ages 3 to 5 who have yet to enter kindergarten.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

- In 2001, 58 percent of children ages 3 to 5 were read to daily by a family member, a higher rate than in 1993. The percentage has fluctuated between 53 and 58 percent since 1993.
- In 2001, 73 percent of children whose mothers were college graduates were read to every day. In comparison, daily reading occurred for 60 percent of children whose mothers had some postsecondary education, 49 percent of children whose mothers had completed high school but had no further education, and 42 percent of children whose mothers had not finished high school.
- White, non-Hispanic children were more likely to be read to every day than either Black, non-Hispanic or Hispanic children. Sixty-four percent of White, non-Hispanic children, 48 percent of Black, non-Hispanic children, and 42 percent of Hispanic children were read to every day.
- Children in families with incomes below the poverty line were less likely to be read to every day than were children in families with incomes at or above the poverty line. Forty-eight percent of children in families in poverty were read to every day in 2001, compared with 61 percent of children in families at or above the poverty line.
- Children living with two parents were more likely to be read to every day than were children who live with one or no parent. Sixty-one percent of children in two-parent households were read to every day in 2001, compared with 48 percent of children living with one or no parent.

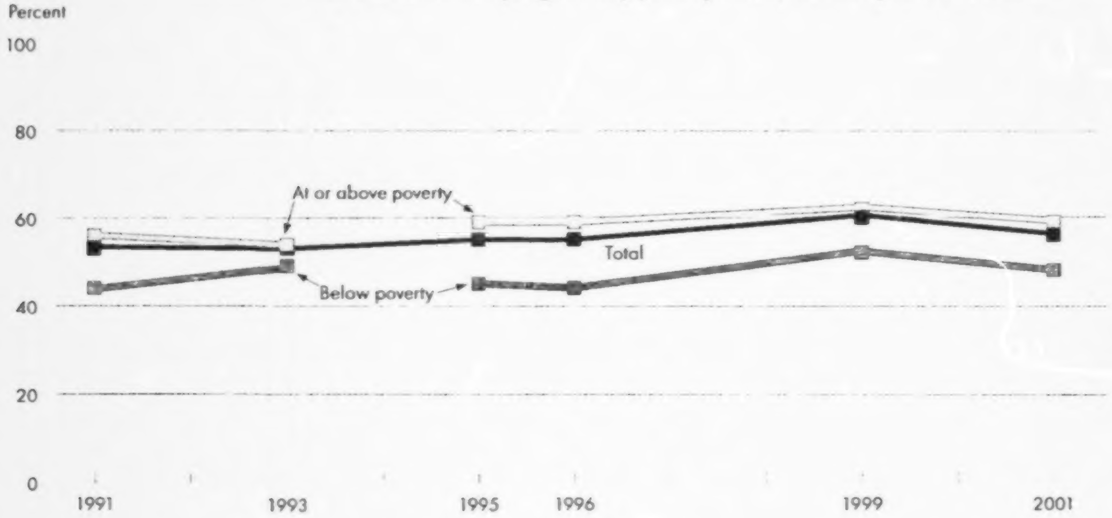
Bullets contain references to data that can be found in Table ED1 on page 114. Endnotes begin on page 63.

Early Childhood Care and Education

Like family reading, participation in an early childhood education program can provide preschoolers with skills and enrichment that can increase their chances of success in school. Studies have demonstrated that participation in high-quality early childhood education programs has short-term positive effects on IQ and achievement and long-term positive effects on low-income minority children's school completion.[93] Until an ongoing direct measure of preschoolers' cognitive, behavioral, and social skills is available for this monitoring report, this indirect indicator monitors the percentage of children who are exposed to a variety of early childhood education programs.

Indicator ED2

Percentage of children ages 3 to 5 who are enrolled in center-based early childhood care and education programs by poverty status, selected years 1991-2001



NOTE: Data are available for 1991, 1993, 1995, 1996, 1999, and 2001. Estimates are based on children who have yet to enter kindergarten. Poverty estimates for 1991 and 1993 are not comparable to those for later years.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

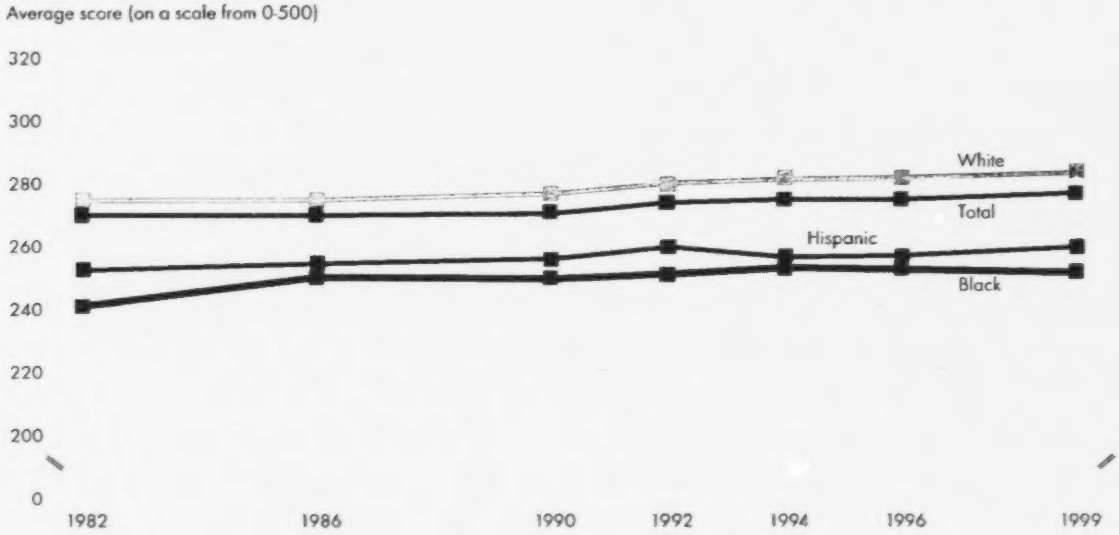
- In 2001, 56 percent of children ages 3 to 5 who had not yet entered kindergarten attended center-based early childhood care and education programs. These programs include day care centers, nursery schools, preschool programs, Head Start programs, and prekindergarten programs.
- Between 1991 and 2001, the percentage of children of this age attending early childhood programs varied between 53 and 60 percent.
- Children living in poverty were less likely to attend these programs than were those living in families at or above poverty in 2001 (47 percent compared with 59 percent).
- Children with more highly educated mothers are more likely to attend an early childhood program than other children. Seventy percent of children whose mothers had completed college attended such programs in 2001, compared with 38 percent whose mothers had less than a high school education.
- White, non-Hispanic and Black, non-Hispanic children are more likely than Hispanic children to attend an early childhood program. In 2001, 59 percent of White, non-Hispanic and 64 percent of Black, non-Hispanic children ages 3 to 5 attended such programs, compared with 40 percent of Hispanic children.
- Children with employed mothers are more likely to participate in early childhood care and education programs than children of mothers not in the labor force.

Bullets contain references to data that can be found in Table ED2 on page 115. Endnotes begin on page 63.

Mathematics and Reading Achievement

The extent and content of students' knowledge, as well as their ability to think, learn, and communicate, affect their ability to succeed in the labor market as adults. On average, students with higher test scores will earn more and will be unemployed less often than students with lower test scores.[94] Mathematics and reading achievement test scores are important measures of students' skills in these subject areas, as well as good indicators of achievement overall in school. To assess progress in mathematics and reading, the National Assessment of Educational Progress measures national trends in the academic performance of students at ages 9, 13, and 17.

Indicator ED3.A **Average mathematics scale scores for students age 13 by race and Hispanic origin, selected years 1982-99**



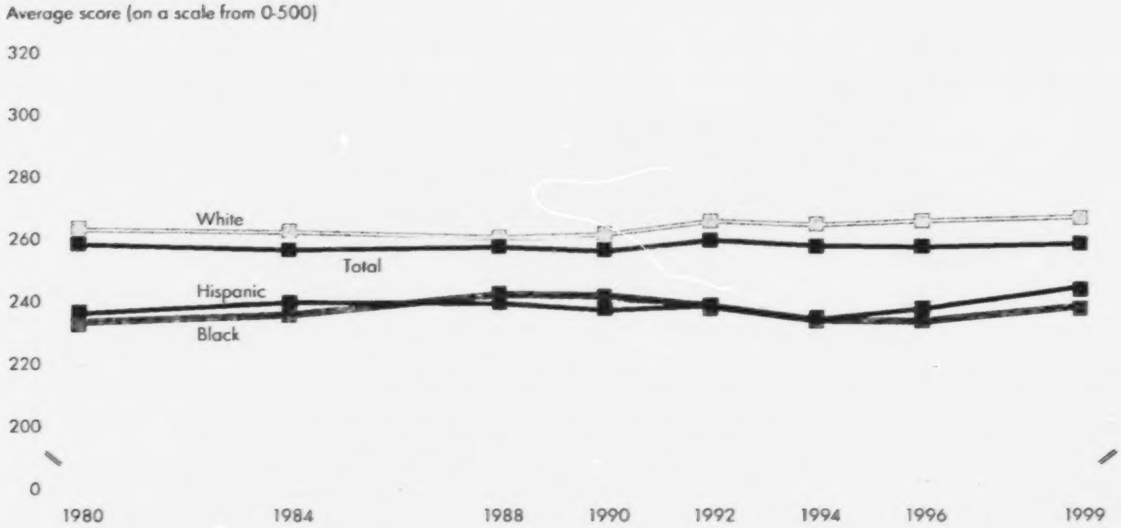
NOTE: Data are available for 1982, 1986, 1990, 1992, 1994, 1996, and 1999. The mathematics proficiency scale ranges from 0 to 500, with the following skill levels associated with the corresponding scale score:

Level 150: Simple arithmetic facts
Level 200: Beginning skills and understandings
Level 250: Numerical operations and beginning problem solving
Level 300: Moderately complex procedures and reasoning
Level 350: Multi-step problem solving and algebra

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

- Average mathematics scores increased for all age groups between 1982 and 1999.
- Scores in 1999 did not improve significantly over the last assessment in 1996 in reading or mathematics in any of the three age groups tested—ages 9, 13, and 17.
- White, non-Hispanic students have had consistently higher reading and mathematics scores than either Black, non-Hispanic or Hispanic students at ages 9, 13, and 17. The gaps between non-Hispanic Whites and Blacks and between non-Hispanic Whites and Hispanics decreased in each subject in some age groups during the 1980s and 1990s, but widened for others. Larger reductions in these gaps occurred during the 1970s because of gains in the scores of Black, non-Hispanic and Hispanic students.

Indicator ED3.B **Average reading scale scores for students age 13 by race and Hispanic origin, selected years 1980-99**



NOTE: Data are available for 1980, 1984, 1988, 1990, 1992, 1994, 1996, and 1999. The reading proficiency scale ranges from 0 to 500, with the following skill levels associated with the corresponding scale score:

Level 150: Simple, discrete reading tasks
Level 200: Partial skills and understanding
Level 250: Interrelates ideas and makes generalizations
Level 300: Understands complicated information
Level 350: Learns from specialized reading materials

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

- Average reading scores have not improved among students ages 9, 13, or 17 since 1980.
- On average, students at ages 13 and 17 whose parents have completed more years of school have higher reading and mathematics scores than do their peers whose parents have had fewer years of education.[95]
- Girls had higher reading scores than boys at all three ages in 1999. In 1996, boys outperformed girls in mathematics at all three ages, but that gap was no longer significant in 1999. At ages 9 and 13, the differences between boys and girls were not significant for most years between 1980 and 1996.

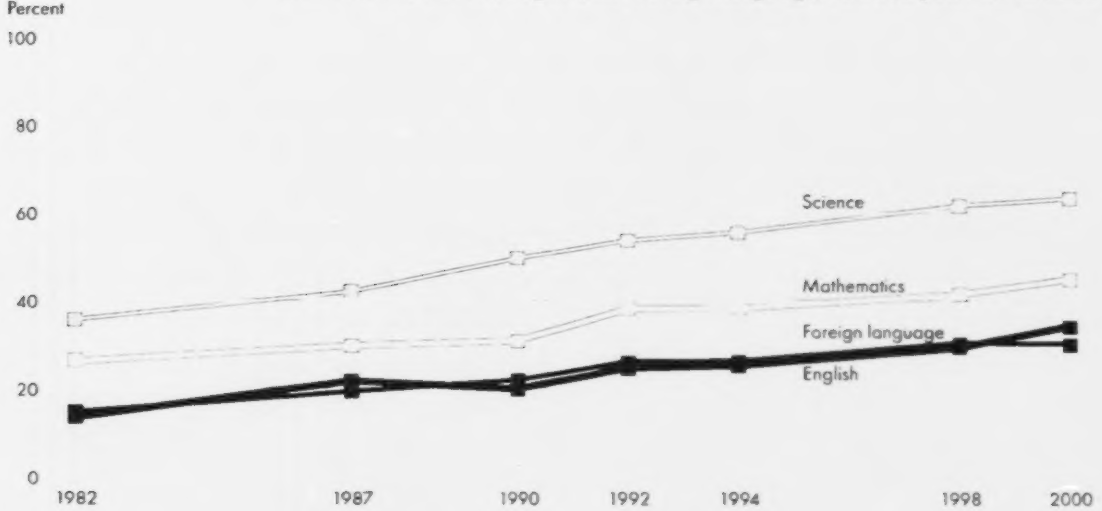
Bullets contain references to data that can be found in Tables ED3.A and ED3.B on pages 116 -117. Endnotes begin on page 63.

High School Academic Coursetaking

Since *A Nation at Risk* was published in 1983, school reforms have emphasized increasing the number of academic courses students take in high school. Research has shown a strong relationship between the level of difficulty of courses students take and their performance on assessments. For both college-bound and non-college-bound students, assessment scores increased more for students taking advanced courses than for students who did not take advanced courses.[96] Studies have also shown that students who take advanced coursework, such as Calculus, in high school are more likely to enroll in college and succeed beyond college.[97]

Indicator ED4

Percentage of high school graduates who completed high-level coursework in mathematics, science, English, and foreign language, selected years 1982-2000



NOTE: Data are available for 1982, 1987, 1990, 1992, 1994, 1998, and 2000. High-level coursework includes the following: mathematics: courses above Algebra II; science: chemistry, physics, or advanced biology; English: more courses at the honors level than at the low academic or regular level; and foreign language: a third-year, fourth-year, or advanced placement course. For a detailed listing of courses, see Tables ED4.A, ED4.B, ED4.C, and ED4.D.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School and Beyond Survey, National Education Longitudinal Study of 1988, and National Assessment of Educational Progress Transcript Study.

- Forty-five percent of 2000 high school graduates had taken at least one advanced mathematics course (defined as a course above Algebra II), an increase from 26 percent of 1982 high school graduates. In addition, the percentage of 2000 high school graduates taking a nonacademic or low-level academic course as their most advanced course was 7 percent, compared with 24 percent for 1982 graduates.
- In science, more than half (63 percent) of all 2000 high school graduates had taken physics, chemistry, or advanced biology, more than the percentage of 1982 graduates who had taken these courses (35 percent). In addition, the percentage of students who had taken a physical science course lower than biology, chemistry, and physics as their most advanced course dropped from 27 percent of 1982 graduates to 9 percent of 2000 graduates.
- Thirty-four percent of all 2000 high school graduates took honors-level English courses, an increase from 13 percent of 1982 high school graduates. There was no detectable difference between the percentage of 1982 and 2000 graduates taking low academic level courses (10 and 11 percent, respectively).
- More high school students are taking foreign language courses. Thirty percent of 2000 high school graduates had taken a third- or fourth-year or advanced placement course, compared with 15 percent of 1982 graduates. Seventeen percent of 2000 high school graduates did not take any foreign language course, compared with 46 percent of 1982 high school graduates.

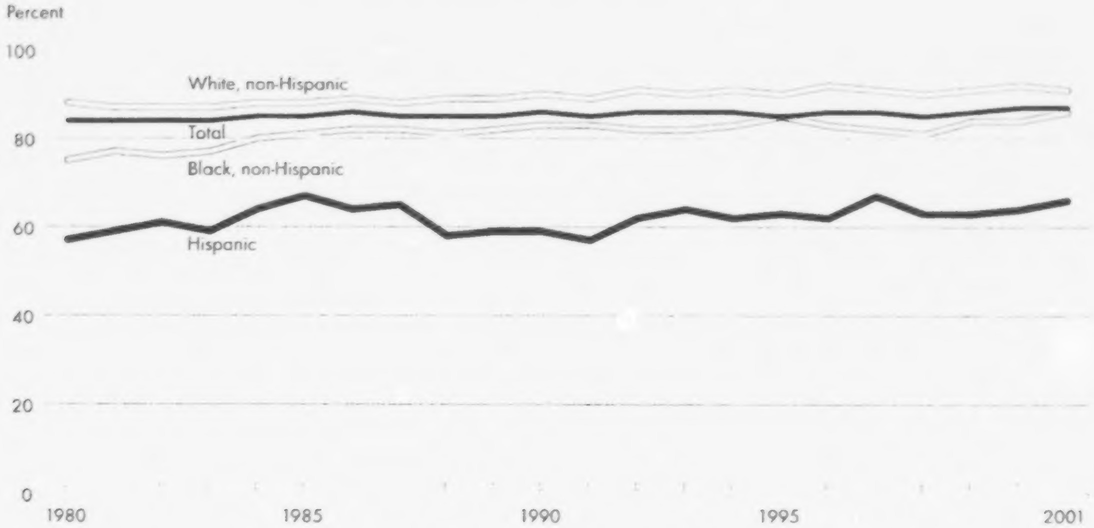
Bullets contain references to data that can be found in Tables ED4.A-ED4.D on pages 118-121. Endnotes begin on page 63.

High School Completion

A high school diploma or its equivalent represents acquisition of the basic reading, writing, and mathematics skills a person needs to function in modern society. The percentage of young adults ages 18 to 24 with a high school diploma or an equivalent credential is a measure of the extent to which young adults have completed a basic prerequisite for many entry-level jobs as well as higher education.

Indicator ED5

Percentage of adults ages 18 to 24 who have completed high school by race and Hispanic origin, 1980-2001



NOTE: Percentages are based only on those not currently enrolled in high school or below. Prior to 1992, this indicator was measured as completing 4 or more years of high school rather than the actual attainment of a high school diploma or equivalent.

SOURCE: U.S. Census Bureau, October Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

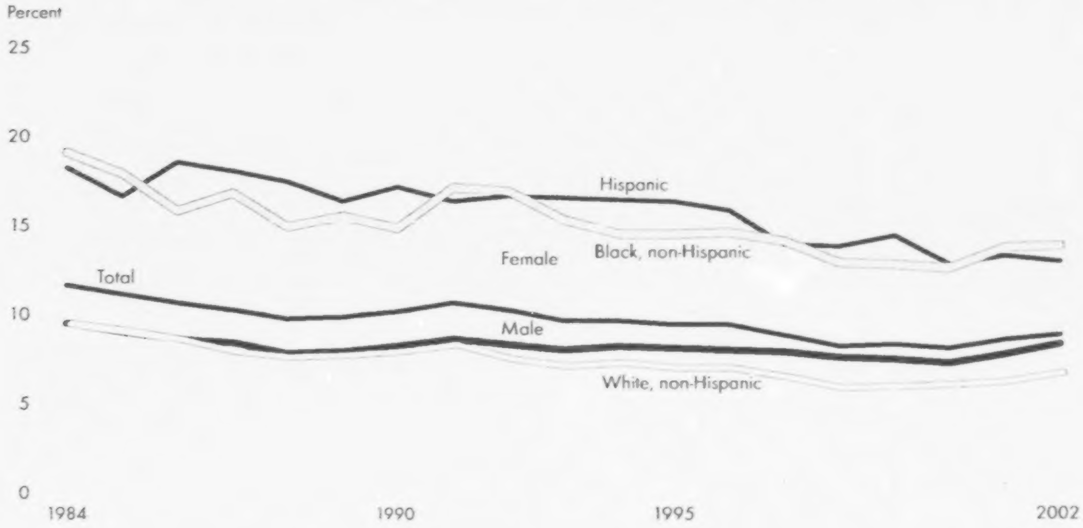
- In 2001, 87 percent of young adults ages 18 to 24 had completed high school with a diploma or an alternative credential such as a General Education Development (GED) certificate. The high school completion rate has increased slightly since 1980, when it was 84 percent.
- The rate at which Black, non-Hispanic youth completed high school increased between 1980 and 1990, from 75 percent to 83 percent. It has fluctuated since then and was at 86 percent in 2001. Among White, non-Hispanics, the high school completion rate increased from 88 percent in 1980 to 91 percent in 2001.
- Hispanic youth have had a consistently lower high school completion rate than White, non-Hispanic and Black, non-Hispanic youth. Since 1980, the high school completion rate for Hispanic youth has fluctuated between 57 and 67 percent and was at 66 percent in 2001.
- Most young adults complete high school by earning a regular high school diploma. Others complete high school by earning an alternative credential, such as a GED. Between 1990 and 1999, the diploma rate declined by 4 percentage points, decreasing from 81 percent to 77 percent. In comparison, the alternative credential rate increased by 5 percentage points, from 4 to 9 percent.[98]

Bullets contain references to data that can be found in Table ED5 on page 122. Endnotes begin on page 63.

Youth Neither Enrolled in School Nor Working

The transition from adolescence to adulthood is a critical period in each individual's life. Youth ages 16 to 19 who are neither in school nor working are detached from both of the core activities that usually occupy teenagers during this period. Detachment from school or the workforce, particularly if this situation lasts for several years, puts youth at increased risk of having lower earnings and a less stable employment history than their peers who stayed in school and/or secured jobs.[99] The percentage of youth who are not enrolled in school and not working is one measure of the proportion of young people who are at risk of limiting their future prospects.

Indicator ED6 **Percentage of youth ages 16 to 19 who are neither enrolled in school nor working by gender, race, and Hispanic origin, 1984-2002**



SOURCE: Bureau of Labor Statistics, Current Population Survey.

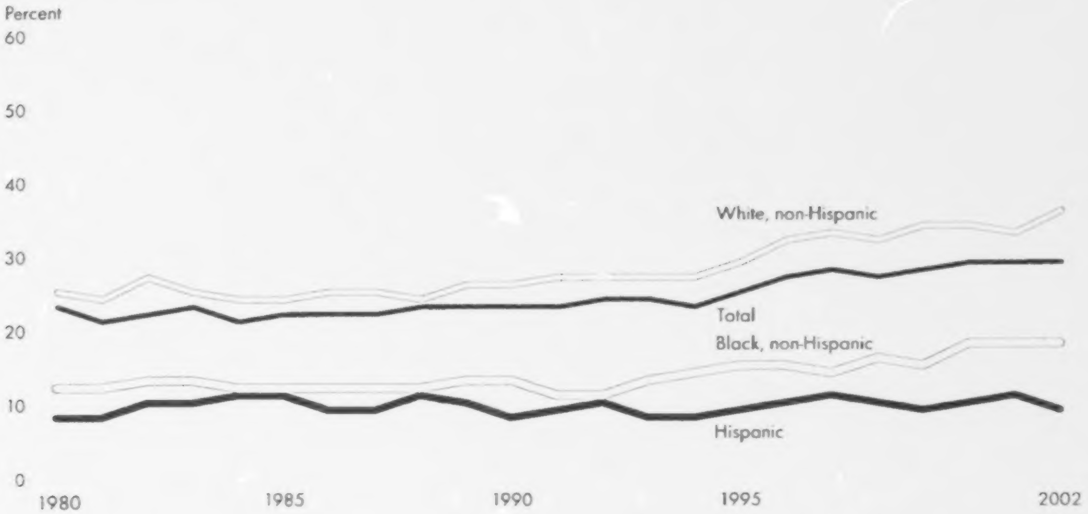
- In an average week during the 2002 school year, about 9 percent of youth ages 16 to 19 were neither enrolled in school nor working.
- The proportion of youth neither enrolled nor working declined between 1991 and 1998, and has since stabilized. Most of the decline in the proportion of youth neither enrolled nor working occurred among young women. In 1991, 13 percent of young women were neither in school nor working. By 2002, this proportion had decreased to 9 percent. Nevertheless, young women continue to be slightly more likely to be detached from these activities than young men.
- Black, non-Hispanic and Hispanic youth are considerably more likely to be detached from these activities than White, non-Hispanic youth. In 2002, 13 percent of Hispanic youth and 14 percent of Black, non-Hispanic youth were neither in school nor working, compared with 7 percent of White, non-Hispanic youth.
- The proportion of Black, non-Hispanic youth who are neither enrolled in school nor working has decreased from 19 percent in 1984 to 14 percent in 2002. The proportion of Hispanic youth who are neither enrolled in school nor working has also decreased, from 18 percent in 1984 to 13 percent in 2002.
- Older youth, ages 18 to 19, are more than three times as likely to be detached from these activities as youth ages 16 to 17. In 2002, 14 percent of youth ages 18 to 19 were neither enrolled in school nor working compared with 4 percent of youth ages 16 to 17.
- In contrast to the unchanging percentage of youth who are neither enrolled in school nor working, the percentage of youth who are both enrolled and employed has decreased in recent years. Between 1999 and 2002, the percentage of youth ages 16 to 19 who are both enrolled and employed decreased from 31 to 27 percent, which is similar to the percentage in 1990.

Bullets contain references to data that can be found in Tables ED6.A and ED6.B on pages 123-124. Endnotes begin on page 63.

Higher Education

Higher education, especially completion of a bachelor's or more advanced degree, generally enhances a person's employment prospects and increases his or her earning potential.[100] The percentage who have completed a bachelor's degree is one measure of the percentage of young people who have successfully applied for and persisted through a program of higher education.

Indicator ED7 **Percentage of 25- to 29-year-olds who have completed a bachelor's or more advanced degree by race and Hispanic origin, 1980-2002**



NOTE: Prior to 1992, this indicator was measured as completing 4 or more years of college rather than the actual attainment of a bachelor's degree.

SOURCE: U.S. Census Bureau, March Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

- In 2002, 29 percent of 25- to 29-year-olds had earned a bachelor's or higher degree.
- This percentage increased between 1980 and 2002, from 23 to 29 percent; since 1996, the percentage has fluctuated between 27 and 29 percent.
- White, non-Hispanic persons ages 25 to 29 were more likely than either Black, non-Hispanics or Hispanics in the same age group to have earned a bachelor's degree. In 2002, 36 percent of White, non-Hispanics, 18 percent of Black, non-Hispanics, and 9 percent of Hispanics in this age group had earned a bachelor's degree or higher.
- Since 1980, the percentage of Hispanic 25- to 29-year-olds who earned bachelor's degrees or higher has fluctuated between 8 and 11 percent and was at 9 percent in 2002.
- The percentage of Black, non-Hispanic 25- to 29-year-olds who earned a bachelor's degree increased from 12 percent in 1980 to 18 percent in 2002.
- In 2002, 8 percent of 25- to 29-year-olds had earned an associate's degree but had not subsequently earned a bachelor's degree.

Bullets contain references to data that can be found in Table ED7 on page 125. Endnotes begin on page 63.

Indicator Needed

Education

Regular, periodic data collections are needed to collect information on young children's cognitive, social, and emotional development.

- *Early childhood development.* Although this report offers indicators of young children's exposure to reading and early childhood education, a regular source of data is needed to monitor specific social, intellectual, and emotional skills of preschoolers over time. One assessment of kindergartners' skills and knowledge was presented as a special feature in *America's Children, 2000.*

SPECIAL SECTION

Changes in the Lives of America's Children: 1990 to 2000

This special section, *Changes in the Lives of America's Children: 1990 to 2000,* provides information about children for all 50 States and the District of Columbia from the 1990 and 2000 Censuses. This special census data section discusses nine indicators covering three general domains of the report: Population and Family Characteristics, Economic Security, and Education.

Introduction

The key indicators presented in *America's Children* come from a wide variety of data sources, including routine surveys, administrative data, estimation systems, and special or one-time data collections. Consideration has been given over time to data sources that allow for routine updating in the report. Most of these data sources, while recurring, can only provide information about children for the Nation, as a whole. At the same time, data users and policy-makers continue to look for indicators of child well-being that can describe the status of children in States and if possible, at even smaller geographic areas.

Once every 10 years, the decennial census provides the opportunity to generate snapshots of the population for very small geographic units. Much more than a complete count of the Nation's population, the census provides important social, economic, and housing detail about the population, allowing policy-makers and planners to see how characteristics have changed over time in cities, towns, and neighborhoods.

The data presented in this special decennial census section show change for two points in time only, 1990 and 2000, and thus does not consider the point in time that a trend may have changed direction or stabilized during the intervening years. When fully implemented, the American Community Survey (ACS) will provide updates of these characteristics for all states, cities, counties, metropolitan areas, and population groups of 65,000 or more every year, replacing the once-every-ten-year collection of these items. This will allow data users to see the fluctuations in the characteristics that occur between the years of the decennial censuses.

This section presents nine indicators of child well-being from the 1990 and 2000 decennial Censuses, closely aligned to indicators presented routinely in this volume. What is unique about this section is that data for the items highlighted here are shown for all 50 States and the District of Columbia. Doing so allows one to see the variability that exists across the Nation, as well as providing details of change during the past decade.

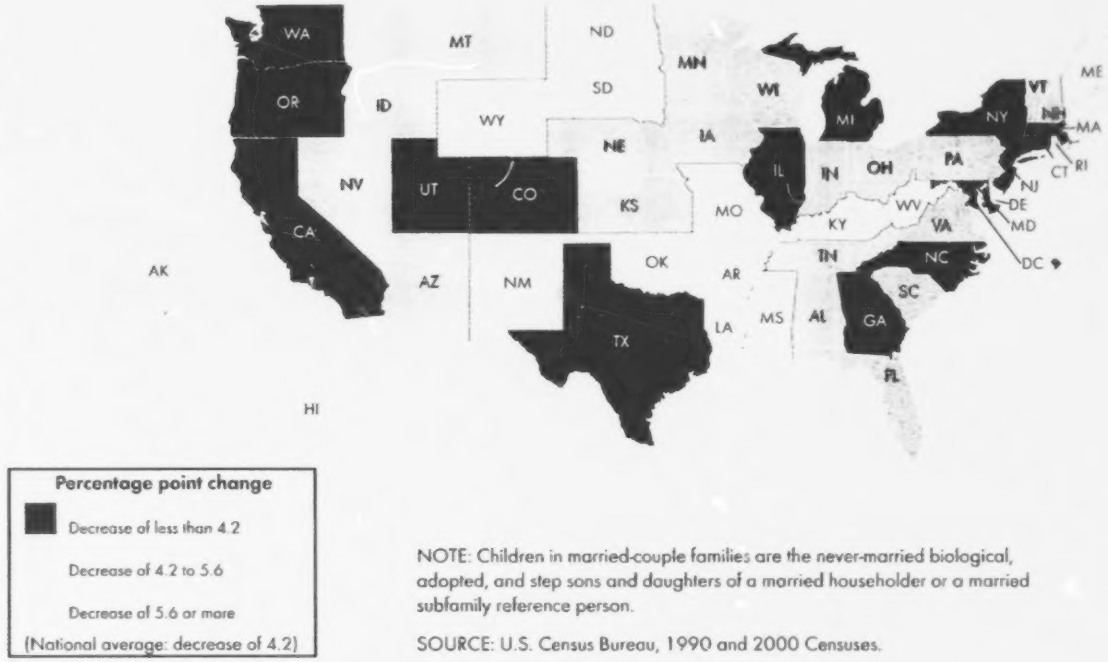
The scope of the census content is not as wide as that of the 20-plus indicators *America's Children* routinely provides. This special census data section discusses nine indicators, covering three general domains of the report: Population and Family Characteristics, Economic Security, and Education. Because of differences in questionnaire design and administration, estimates from the census may not be exactly comparable to those from the routine measures reported in *America's Children*. However, because these data are all from the same data collection instrument, and the instrument changed little from 1990 to 2000, they provide a rare and consistent glimpse of the change in several indicators for the States as well as the Nation as a whole.[101]

In all the maps shown in this section, estimates, which are based on a sample of the population, are used to partition the States into groups that reflect a specific percentage point change range between 1990 and 2000. As with all sample survey estimates, these estimates may vary from the actual values due to sampling and nonsampling errors, which could possibly result in a State being assigned to a different group. States in different groups may not be significantly different from one another, and States in the same group may be significantly different.

Population and Family Characteristic Measures

One important aspect of children's lives has to do with their own characteristics and those of the family in which they live. Indicators in this section speak to the changing shape of the family and the issues of an increasing foreign-born population, some of whom have English language difficulties.

Figure SPECIAL1.A **Change in percentage of children under age 18 living in married-couple families, 1990 and 2000**



NOTE: Children in married-couple families are the never-married biological, adopted, and step sons and daughters of a married householder or a married subfamily reference person.

SOURCE: U.S. Census Bureau, 1990 and 2000 Censuses.

Children living in married-couple families

- In 2000, 68 percent of children under 18 years old lived in married-couple families, down from 72 percent in 1990.[102] Utah had the highest percentage of children in married-couple families in both 1990 and 2000 (84 percent and 81 percent, respectively).
- Figure SPECIAL1.A shows the extent of decline in children living in married-couple families from 1990 to 2000. This decrease occurred in all States in the Nation, with several States showing a decrease of about 7 percentage points. New Jersey had a small decrease (1.7 percentage points) from 74 percent in 1990 to 72 percent in 2000. While many children still live in married-couple families, these data show a trend that extends across the country.

Children with difficulty speaking English

- Nationally, the proportion of children ages 5 to 17 with difficulty speaking English increased from 5 percent in 1990 to 7 percent in 2000.[103] Most States experienced such an increase, with the largest percentage point increase occurring in Nevada, where it rose from 4 percent in 1990 to 9 percent in 2000.
- In 1990, California, Texas, and New Mexico had the highest percentages of children with difficulty speaking English (15 percent, 11 percent, and 10 percent, respectively). By 2000, Arizona had replaced New Mexico as the third highest, so that in 2000, the percentage of children with difficulty speaking English was 16 percent in California, 12 percent in Texas, and 11 percent in Arizona.

Foreign-born children

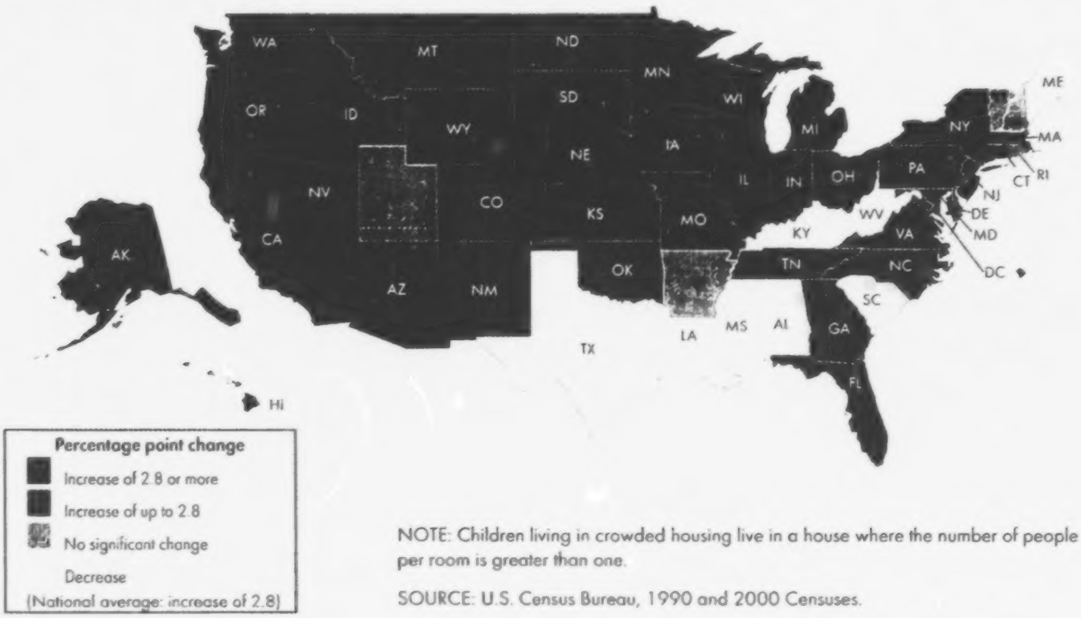
- In 2000, 4 percent of children living in the United States were foreign-born, up from 3 percent in 1990.[104]
- California experienced a two percentage-point drop of foreign-born children from 1990 to 2000; however, despite this drop, California remained the State with the highest percentage at 9 percent in 2000.
- Five States had increases of 2.5 percentage points or more in the proportion of foreign-born children: Arizona, Colorado, Nevada, Oregon and Washington—all of which were also States that saw their percentages of children with difficulty speaking English increase.

Bullets contain references to data that can be found in Table SPECIAL1.A on page 126. Endnotes begin on page 63.

Economic Security Indicators

Indicators of economic security reflect families' abilities to meet their children's material needs. The measures in this section address issues of crowded housing, child poverty, and parental employment – complementary but varied indicators of the economic conditions in which children live.

Figure SPECIAL1.B **Change in percentage of children under 18 living in crowded housing, 1990 and 2000**



NOTE: Children living in crowded housing live in a house where the number of people per room is greater than one.

SOURCE: U.S. Census Bureau, 1990 and 2000 Censuses.

Children in crowded housing

- In 2000, 19 percent of children lived in crowded housing, up from 16 percent a decade earlier.[105] Children living in two Western States (California and Hawaii) and the District of Columbia experienced the highest rates of crowded housing, all with rates of 30 percent or higher. These same areas had the highest levels of crowded housing in 1990 as well. In contrast, the lowest rates of children living in crowded housing were found in three Northeastern States in 2000—Maine, New Hampshire, and Vermont all had rates of around 6 percent or lower.
- Figure SPECIAL1.B shows the change in the percent of children living in crowded housing from 1990 to 2000 by State. In Nevada, the fastest growing State in the Nation,[106] the proportion of children living in crowded housing increased from 20 percent in 1990 to 27 percent in 2000, the largest increase in the Nation.
- However, the largest decrease was found in Texas, where the rate decreased from 25 percent in 1990 to 15 percent in 2000.

Children in families in poverty

- Child poverty decreased for the Nation as a whole from 18 percent in 1990 to 16 percent in 2000.[107] Wide variations in child poverty were noted for States in 2000, from a low of 7 percent in New Hampshire to highs of above 25 percent in Louisiana and Mississippi. The rate of child poverty was 31 percent in the District of Columbia.
- Louisiana and Mississippi had large declines in child poverty over the 1990s, even though they had the highest levels among the States in 2000. Despite a decrease in child poverty for the Nation as a whole and for many individual States, child poverty increased significantly over the decade in five States and the District of Columbia.

Children with at least one parent employed full time

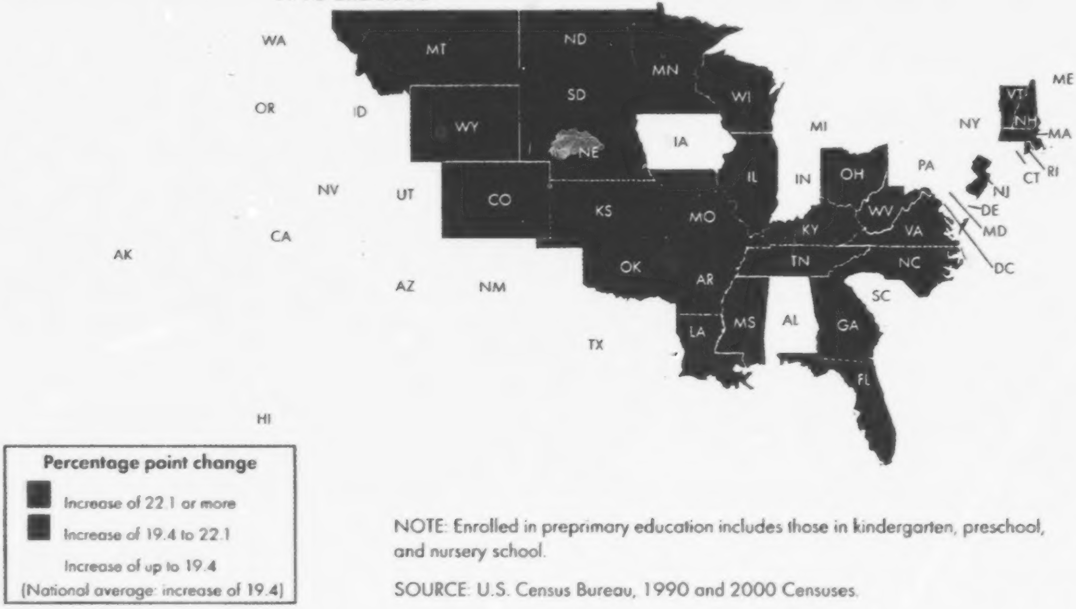
- In 2000, 83 percent of children lived in families with at least one parent employed full time, up from 77 percent in 1990.[108]
- Iowa, Kansas, Nebraska, New Hampshire, and Utah had 84 percent or more children living in such families in both 1990 and 2000. Conversely, two States (Louisiana and Mississippi) and the District of Columbia had some of the lowest percentages of children living with at least one parent employed full time (less than 77 percent) in both 1990 and 2000. These areas also had high rates of child poverty in both years.
- The largest gain in parental employment was found in Michigan, where the rate of children living in families with an employed parent rose from 73 percent in 1990 to 84 percent in 2000.

Bullets contain references to data that can be found in Table SPECIAL1.B on page 127. Endnotes begin on page 63.

Education Indicators

Education represents a major investment in fostering the well-being of children. The three indicators in this section—preprimary education, high school completion, and 'detached youth'—help track this concept from early childhood through young adulthood.

Figure SPECIAL1.C **Change in percentage of children aged 3 to 5 enrolled in preprimary education, 1990 and 2000**



NOTE: Enrolled in preprimary education includes those in kindergarten, preschool, and nursery school.

SOURCE: U.S. Census Bureau, 1990 and 2000 Censuses.

Preprimary education

- Nationally, the proportion of children aged 3 to 5 enrolled in preprimary education rose from 42 percent in 1990 to 61 percent in 2000, representing an increase of 19 percentage points.[109]
- In 2000, more than 70 percent of children aged 3 to 5 living in Connecticut, New Jersey, and the District of Columbia were enrolled in preprimary education, representing the highest rates in the Nation. In contrast, North Dakota had less than 50 percent enrolled in preprimary education.
- Figure SPECIAL1.C clearly shows the geographic variation in the change in preprimary education among children aged 3 to 5, with most of the smaller increases clustered among the Western States. Georgia, a Southern State, had the largest increase—from 41 percent in 1990 to 67 percent in 2000.

High school completion

- Nationally, the percentage of people aged 18 to 24 who had completed high school[110] declined from 84 percent in 1990 to 82 percent in 2000. Part of this decrease was fueled by changes in the demographic composition of this age group. Even though completion rates over the decade rose for non-Hispanics, they decreased slightly for Hispanics. This fact, combined with an increase in the proportion of Hispanics in the population aged 18 to 24 (who have lower completion levels compared with non-Hispanics), acted to lower the overall high school completion rate.[111]
- Declines occurred in many States where the proportion of young Hispanics in the population increased, such as in Arizona, Colorado, Nevada, and North Carolina.
- Twelve States and the District of Columbia experienced increases in high school completion rates. The rate in West Virginia increased 3 percentage points from 1990 to 2000.

Detached youth[112]

- In 2000, 9 percent of youth aged 16 to 19 neither worked nor attended school, representing a decrease from 10 percent in 1990. Several States experienced decreases of around 2 percentage points. In contrast, the rate significantly increased in six States (Colorado, Delaware, Hawaii, North Carolina, South Carolina, and South Dakota).
- In both 1990 and 2000, about 14 percent of youth aged 16 to 19 living in the District of Columbia were considered detached youths.
- In contrast, in 1990 and 2000, only about 5 percent of youth aged 16 to 19 in North Dakota neither worked nor attended school.

Bullets contain references to data that can be found in Table SPECIAL1.C on page 128. Endnotes begin on page 63.

Notes to Indicators

Notes to Indicators

[1] Schmidley, A.D. and Gibson, C.J. (1999). Profile of the Foreign-Born Population in the United States: 1997. *Current Population Reports*, P23-195, U.S. Government Printing Office, Washington, DC: U.S. Census Bureau available at http://www.census.gov/prod/99pubs/p23-195.pdf.

[2] Lollock, L. (2001). The Foreign-Born Population in the United States: March 2000, *Current Population Reports*, P20-534. Washington, DC: U.S. Census Bureau. Available at http://www.census.gov/prod/99pubs/p23-195.pdf.

[3] Gibson, C.J. and Lennon, E. (1999). *Historical Census Statistics on the Foreign-Born Population of the United States: 1850-1990*, Population Division Working Paper No. 29. Washington, DC: U.S. Census Bureau. Available at http://www.census.gov/population/www/documentation/twps0029/twps0029.html.

[4] Adult respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting were "Very well," "Well," "Not well," and "Not at all." All those who were reported to speak English less than "Very well" were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of sample children in the 1980s.

[5] Biblarz, T.J. and Raftery, A.E. (1999). Family Structure, Educational Attainment, and Socioeconomic Success: Rethinking the Pathology of Matriarchy. *American Journal of Sociology, 105* (2), 321-365.

[6] The majority of children who live with neither of their parents are living with grandparents or other relatives. Some live with foster parents or other nonrelatives.

[7] McLanahan, S. and Sandefur, G. (1994). Growing up with a Single Parent: What Hurts, What Helps. Cambridge, MA: Harvard University Press.

[8] National Center for Health Statistics. (1995). *Report to Congress on out-of-wedlock childbearing.* Hyattsville, MD: National Center for Health Statistics.

[9] McLanahan, S. (1995). The consequences of nonmarital childbearing for women, children, and society. In National Center for Health Statistics, *Report to Congress on out-of-wedlock childbearing.* Hyattsville, MD: National Center for Health Statistics.

[10] Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F., Park, M.M., and Sutton, P.D. (2002). Births: Final data for 2001. *National Vital Statistics Reports, 51* (2). Hyattsville, MD: National Center for Health Statistics.

[11] Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital and Health Statistics, 53* (Series 21). Hyattsville, MD: National Center for Health Statistics.

[12] Ventura, S.J. and Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940-99. *National Vital Statistics Reports, 48* (16). Hyattsville, MD: National Center for Health Statistics.

[13] Mathews, T.J., Menaker, F.E., and MacDorman, M.F. (2002). Infant mortality statistics from the 2000 period linked birth/infant death data set. *National Vital Statistics Reports, 50* (12). Hyattsville, MD: National Center for Health Statistics.

[14] Ventura, S.J., Hamilton, B.E., and Sutton, P.D. (2003). Revised birth and fertility rates for the United States, 2000 and 2001. *National Vital Statistics Reports, 51* (4). Hyattsville, MD: National Center for Health Statistics.

[15] Hamilton, B.E., Sutton, P.D., and Ventura, S.J. (2003). Revised birth and fertility rates for the 1990s: United States, and new rates for Hispanic populations, 2000 and 2001. *National Vital Statistics Reports, 51* (In preparation). Hyattsville, MD: National Center for Health Statistics.

[16] Bumpass, L.L., and Lu, H.H. (2000). Trends in cohabitation and implications for children's family contexts in the United States. *Population Studies, 54*, 29-41.

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[17] Bachu, A. (1999). Trends in premarital childbearing: 1930 to 1994. *Current Population Reports*, P23-197. Washington, DC: U.S. Census Bureau.

[18] *The birth rate for unmarried women* is the number of births per 1,000 unmarried women in a given age group, for example, 20 to 24 years. The percentage of all births that are to unmarried women is the number of births occurring to unmarried women, divided by the total number of births. *The percentage of all births that are to unmarried women* is affected by the birth rate for married women, the birth rate for unmarried women (who account for nearly one-third of all births), and the proportion of women of childbearing age who are unmarried. The percentage of births to unmarried women increased very slightly in recent years, because increases in the birth rate for unmarried women were offset by increases in births for married women.

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[22] Center-based care includes day care centers, nursery schools, and preschools. Home-based care or other nonrelative care includes family day care providers, in-home babysitters, and other nonrelatives providing care in either the child's or provider's home. Other relatives include aunts, uncles, and cousins. Mother care includes care by the mother while she worked. To see trends in individual child care arrangement types refer to Smith, Kristin. (2002). Who's Minding the Kids? Child Care Arrangements: Spring 1997. *Current Population Reports*, P70-86. U.S. Census Bureau, Washington, DC.

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[101] The estimates in this special section are based on responses from a sample of the population. As with all surveys, estimates may vary from the actual values because of sampling variation or other factors. All statements made in this report have undergone statistical testing and are significant at the 90 percent confidence level, unless otherwise noted.

[102] Children in married-couple families are the never-married biological, adopted, and step-sons and step-daughters of a married householder or married subfamily reference person. POP6 shows trends for intervening years and indicates that the downward trend leveled off in 1995 and has remained stable since.

[103] Children who have difficulty speaking English speak a language other than English at home and speak English less than "very well." This includes those who speak English "well," "not very well," and "not at all."

[104] Foreign-born children were not born in the 50 States, the District of Columbia, U.S. outlying territories, or abroad to American parents.

[105] Children living in crowded housing live in a house where the number of persons per room is greater than one.

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[108] Children with at least one parent employed full time are the never-married biological, adopted, and step-sons and step-daughters of the householder or a subfamily reference person who are living with one or two parents who are employed and working at least 35 hours per week.

[109] Preprimary education includes enrollment in kindergarten, preschool, or nursery school.

[110] This proportion excludes people ages 18 to 24 who are still enrolled at the high school level.

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[112] "Detached youth" are people ages 16 to 19 who are not enrolled in school and are not employed.

APPENDICES

Appendix A: Detailed Tables

Tables include data from 1950-2002, where available. Due to space limitations in this printed publication, selected years of data are shown when applicable. Full tables, including data from intervening years, are available on the Forum's website at *http://childstats.gov.*

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Table POP1

Child population: Number of children under age 18 in the United States by age, selected years 1950-2001 and projected 2002-2020

Number (in millions)

	Estimates											**Projected**	
Age group	**1950**	**1960**	**1970**	**1980**	**1990**	**1995**	**1997**	**1998**	**1999**	**2000**	**2001**	**2010**	**2020**
All children	47.3	64.5	69.8	63.7	64.2	69.5	70.9	71.4	71.9	72.3	72.6	74.4	80.3
Age group													
Ages 0-5	19.1	24.3	20.9	19.6	22.5	23.7	23.3	23.2	23.1	23.1	23.3	25.6	27.5
Ages 6-11	15.3	21.8	24.6	20.8	21.6	23.0	24.0	24.5	24.8	25.0	24.8	24.4	26.9
Ages 12-17	12.9	18.4	24.3	23.3	20.1	22.7	23.5	23.8	24.0	24.2	24.5	24.4	26.0

NOTE: Population projections are based on the 2000 Census counts.

SOURCE: U.S. Census Bureau, *Current Population Reports,* Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); *Methodology and assumptions for the population projections of the United States: 1999 to 2100* (Population Division Working Paper No. 38); and unpublished vintage 1999 estimates tables for 1980-1990, intercensal estimates for 1991-2000, vintage 2001 estimates, and population projections for 2001-2020 that are unpublished.

Table POP2

Children as a proportion of the population: Persons in selected age groups as a percentage of the total U.S. population, and children under age 18 as a percentage of the dependent population, selected years 1950-2001 and projected 2002-2020

	Estimates											Projected	
Age group	1950	1960	1970	1980	1990	1995	1997	1998	1999	2000	2001	2010	2020
Percentage of total population													
Ages 0-17	31	36	34	28	26	26	26	26	26	26	25	24	24
Ages 18-64	61	55	56	61	62	61	61	62	62	62	62	63	60
Ages 65+	8	9	10	11	13	13	13	13	13	12	12	13	16
Children under age 18 as a percentage of the dependent population[a]													
Ages 0-17	79	79	78	71	67	67	67	67	67	67	67	65	60

[a] The dependent population includes all persons ages 17 and under, and 65 and over.

NOTE: Population projections are based on the 2000 Census counts.

SOURCE: U.S. Census Bureau, *Current Population Reports*, Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); *Methodology and assumptions for the population projections of the United States: 1999 to 2100* (Population Division Working Paper No. 38); and unpublished vintage 1999 estimates tables for 1980-1990, intercensal estimates for 1991-2000, vintage 2001 estimates, and population projections for 2001-2020 that are unpublished.

Table POP3

Racial and ethnic composition: Percentage of U.S. children under age 18 by race and Hispanic origin, selected years 1980-2000 and projected 2001-2020

	Estimates									Projected	
Race and Hispanic origin	**1980**	**1985**	**1990**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2010**	**2020**
White, non-Hispanic	74	72	69	67	66	66	65	65	64	59	55
Black, non-Hispanic	15	15	15	15	15	15	15	15	15	14	14
Hispanic[a]	9	10	12	14	14	15	15	16	16	21	23
Asian/Pacific Islander[b]	2	3	3	4	4	4	4	4	4	5	6
American Indian/ Alaska Native[b]	1	1	1	1	1	1	1	1	1	1	1

[a] Persons of Hispanic origin may be of any race.

[b] Excludes persons in this race group who are of Hispanic origin.

NOTE: All population figures for the year 2000 shown here are estimates based on the 1990 Census; they do not reflect 2000 Census counts.

SOURCE: U.S. Census Bureau, *Current Population Reports*, Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); *Methodology and assumptions for the population projections of the United States: 1999 to 2100* (Population Division Working Paper No. 38); and unpublished vintage 1999 estimates tables for 1980-2000 that are available on the U.S. Census Bureau website.

Table POP4

Children of at least one foreign-born parent: Percentage of children under age 18 by nativity of child and parents[a] by parent's education, poverty status, and other characteristics, selected years 1994-2002

Characteristic	1994			1996			1998		
	Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent	
		Native child	Foreign-born child		Native child	Foreign-born child		Native child	Foreign-born child
Children under age 18 living with one or both parents	56,338	8,176	2,160	56,369	9,157	2,449	56,237	9,883	2,298
Percent of all children[c]	82	12	3	80	13	3	80	14	3
Education of parent									
Less than high school	14	38	48	13	39	49	12	37	45
High school graduate	35	21	20	34	21	16	34	23	22
Some college or associate's degree	28	19	11	29	19	12	30	18	11
Bachelor's degree or more	23	22	21	23	22	22	23	23	22
Poverty status[d]									
Below poverty	20	28	41	18	27	39	17	25	39
At or above poverty	80	72	59	82	73	61	83	75	61
Area of residence									
Central city of MSA[e]	27	43	48	26	42	48	26	43	49
Outside central city, in MSA[e]	48	51	47	51	51	46	51	50	45
Outside metropolitan area	25	6	6	23	6	6	22	7	6
Presence of parents									
Two married parents present[f]	70	82	78	69	80	80	69	82	78
Living with mother only	26	16	19	27	17	17	26	15	20
Living with father only	4	2	3	4	3	2	5	3	3
Presence of adults other than parents									
Other relatives only	17	25	36	17	24	34	17	26	29
Nonrelatives only	5	5	5	6	3	3	6	4	4
Both relatives and nonrelatives	1	1	3	1	1	2	1	1	2
No other relatives or nonrelatives	78	68	56	76	72	61	77	68	65

Table POP4 (cont.)

Children of at least one foreign-born parent: Percentage of children under age 18 by nativity of child and parents[a] by parent's education, poverty status, and other characteristics, selected years 1994-2002

Characteristic	2000			2001[b]			2002[b]		
	Native child and parent	Foreign born parent: Native child	Foreign born parent: Foreign-born child	Native child and parent	Foreign-born parent: Native child	Foreign-born parent: Foreign-born child	Native child and parent	Foreign-born parent: Native child	Foreign-born parent: Foreign-born child
Children under age 18 living with one or both parents	56,340	10,211	2,465	55,367	10,999	2,677	55,264	11,518	2,654
Percent of all children[c]	79	14	3	77	16	4	76	16	4
Education of parent									
Less than high school	11	36	43	11	36	41	10	36	41
High school graduate	33	23	23	32	22	20	32	23	21
Some college or associate's degree	31	18	12	31	19	12	31	18	12
Bachelor's degree or more	26	23	22	26	24	27	27	23	27
Poverty status[d]									
Below poverty	15	20	30	14	20	26	14	20	27
At or above poverty	85	80	70	86	80	74	86	80	73
Area of residence									
Central city of MSA[e]	25	42	48	25	41	46	26	41	42
Outside central city, in MSA[e]	53	52	46	54	53	49	54	52	51
Outside metropolitan area	22	6	5	21	6	5	21	7	7
Presence of parents									
Two married parents present[f]	70	82	81	70	82	81	69	81	81
Living with mother only	25	15	15	25	16	16	26	16	16
Living with father only	5	3	4	5	3	3	5	3	4
Presence of adults other than parents									
Other relatives only	6	26	37	17	27	30	17	26	31
Nonrelatives only	6	4	5	6	4	5	6	5	5
Both relatives and nonrelatives	1	1	2	1	2	2	1	2	3
No other relatives or nonrelatives	76	68	56	76	67	63	77	68	61

[a] Native parents means that all of the parents that the child lives with are native born, while foreign-born means that at least one of the child's parents is foreign-born. Anyone with United States citizenship at birth is considered native, which includes persons born in the U.S., in U.S. outlying areas, and persons born abroad with at least one American parent.

[b] Beginning with March 2001, data are from the Expanded CPS Sample and use population controls based on Census 2000.

[c] The percent of all children is of all children under age 18, including those living with no parents and excluding children in group quarters.

[d] The poverty status groups are derived from the ratio of the family's income to the family's poverty threshold. Below 100 percent of poverty refers to children living below the poverty line, 100 percent to 199 percent of poverty refers to children living in low income households, and 200 percent of poverty and above refers to children living in medium and high income households. See ECON1.B for the income levels.

[e] An MSA is a Metropolitan Statistical Area. The United States Office of Management and Budget (OMB) defines metropolitan areas (MAs) according to published standards that are applied to Census Bureau data. The 1990 standards provide that each newly qualifying MSA must include at least: 1) one city with 50,000 or more inhabitants, or 2) a Census Bureau-defined urbanized area (of at least 50,000 inhabitants) and a total metropolitan population of at least 100,000 (75,000 in New England).

[f] The category "two married parents" includes children who live with a biological, step, or adoptive parent who is married with his or her spouse present. If a second parent is present and not married to the first parent, then the child is identified as living with a single parent.

SOURCE: U.S. Census Bureau, March Current Population Survey.

Table POP5

Difficulty speaking English: Children ages 5 to 17 who speak a language other than English at home, and who are reported to have difficulty speaking English[a] by race, Hispanic origin, and region, selected years 1979-99

Characteristic	1979	1989	1992	1995[b]	1999[b]
Children who speak another language at home					
Number (in millions)	3.8	5.3	6.4	6.7	8.8
Percentage	8.5	12.6	14.2	14.1	16.7
Race and Hispanic origin					
White, non-Hispanic	3.2	3.5	3.7	3.6	3.9
Black, non-Hispanic	1.3	2.4	4.2	3.0	4.5
Hispanic[c]	75.1	71.2	76.6	73.9	70.9
Other, non-Hispanic[d]	44.1	53.4	58.3	45.5	51.0
Region[e]					
Northeast	10.5	13.5	16.2	15.1	17.7
Midwest	3.7	4.9	5.6	5.9	7.5
South	6.8	10.7	11.1	11.7	14.3
West	17.0	24.2	27.2	26.4	28.8
Children who speak another language at home and have difficulty speaking English					
Number (in millions)	1.3	1.9	2.2	2.4	2.6
Percentage	2.8	4.4	4.9	5.1	5.0
Race and Hispanic origin					
White, non-Hispanic	0.5	0.8	0.6	0.7	1.0
Black, non-Hispanic	0.3	0.5	1.3	0.9	1.0
Hispanic[c]	28.7	27.4	29.9	31.0	23.4
Other, non-Hispanic[d]	19.8	20.4	21.0	14.1	11.7
Region[e]					
Northeast	2.9	4.8	5.3	5.0	4.4
Midwest	1.1	1.3	1.6	2.3	2.0
South	2.2	3.8	3.5	3.4	3.6
West	6.5	8.8	10.4	11.4	10.5

[a] Respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting were "Very well," "Well," "Not well," and "Not at all." All those reported to speak English less than "Very well" were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of a sample of the children in the 1980s.

[b] Numbers in 1995 and after may reflect changes in the Current Population Survey because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls to the 1990 Census-based estimates, with adjustments.

[c] Persons of Hispanic origin may be of any race.

[d] Most in this category are Asians/Pacific Islanders, but American Indian/Alaska Native children also are included.

[e] Regions: Northeast includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. Midwest includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. West includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

NOTE: All nonresponses to the language questions are excluded from the tabulations, except in 1999. In 1999, imputations were instituted for nonresponse on the language items.

SOURCE: U.S. Census Bureau, October (1992, 1995, and 1999) and November (1979 and 1989) Current Population Surveys. Tabulated by the National Center for Education Statistics.

Table POP6

Family structure and children's living arrangements: Percentage of children under age 18 by presence of married parents in household, race, and Hispanic origin, selected years 1980-2002

Race, Hispanic origin, and family type	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001[a]	2002[a]
Total											
Two married parents[b]	77	74	73	69	68	68	68	68	69	69	69
Mother only[c]	18	21	22	23	24	24	23	23	22	22	23
Father only[c]	2	2	3	4	4	4	4	4	4	4	5
No parent	4	3	3	4	4	4	4	4	4	4	4
White, non-Hispanic											
Two married parents[b]	–	–	81	78	77	77	76	77	77	78	77
Mother only[c]	–	–	15	16	16	17	16	16	16	16	16
Father only[c]	–	–	3	3	4	4	5	4	4	4	4
No parent	–	–	2	3	3	3	3	3	3	2	3
Black											
Two married parents[b]	42	39	38	33	33	35	36	35	38	38	38
Mother only[c]	44	51	51	52	53	52	51	52	49	48	48
Father only[c]	2	3	4	4	4	5	4	4	4	5	5
No parent	12	7	8	11	9	8	9	10	9	10	8
Hispanic[d]											
Two married parents[b]	75	68	67	63	62	64	64	63	65	65	65
Mother only[c]	20	27	27	28	29	27	27	27	25	25	25
Father only[c]	2	2	3	4	4	4	4	5	4	5	5
No parent	3	3	3	4	5	5	5	5	5	6	5

– = not available

[a] Beginning with March 2001, data are from the expanded Current Population Survey sample and use population controls based on Census 2000.

[b] Excludes families where parents are not living as a married couple.

[c] Because of data limitations, includes some families where both parents are present in the household but living as unmarried partners.

[d] Persons of Hispanic origin may be of any race.

NOTE: Family structure refers to the presence of biological, adoptive, and stepparents in the child's household. Thus, a child with a biological mother and stepfather living in the household is said to have two married parents.

Two married parents family:
In the Current Population Survey, children live in a two-parent family if they are living with a parent who is married with his or her spouse present. This is not an indicator of the biological relationship between the child and the parents. The parent who is identified could be a biological, step, or adoptive parent. If a second parent is present and not married to the first parent, then the child is identified as living with a single parent.

Single parent family:
A "single" parent is defined as a parent who is not currently living with a spouse. Single parents may be married and not living with their spouse, they may be divorced, widowed, or never married. As with the identification of two-parents described above, if a second parent is present and not married to the first, then the child is identified as living with a single parent.

SOURCE: U.S. Census Bureau, Families and Living Arrangements, *Current Population Reports*, annual reports are available at http://www.census.gov/population/www/socdemo/hh-fam.html. Detailed tables from 1994 to 1998 are available on the U.S. Census Bureau website at http://www.census.gov/population/www/socdemo/ms-la.html.

Table POP7.A

Births to unmarried women: Birth rates for unmarried women by age of mother, selected years 1980-2001

(Live births to unmarried women per 1,000 in specific age group)

Age of mother	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001
Total ages 15-44	29.4	32.8	43.8	44.3	43.8	42.9	43.3	43.3	44.0	43.8
Age group										
Ages 15-17	20.6	22.4	29.6	30.1	28.5	27.7	26.5	25.0	23.9	22.0
Ages 18-19	39.0	45.9	60.7	66.5	64.9	63.9	63.7	62.4	62.2	60.6
Ages 20-24	40.9	46.5	65.1	68.7	68.9	68.9	70.4	70.7	72.1	71.2
Ages 25-29	34.0	39.9	56.0	54.3	54.5	53.4	55.4	56.8	58.5	59.5
Ages 30-34	21.1	25.2	37.6	38.9	40.1	37.9	38.1	38.1	39.3	40.4
Ages 35-39	9.7	11.6	17.3	19.3	19.9	18.7	18.7	19.0	19.7	20.4
Ages 40-44	2.6	2.5	3.6	4.7	4.8	4.6	4.6	4.6	5.0	5.3

NOTE: Births to unmarried women were somewhat underreported in Michigan and Texas during the years 1989-93; data since 1994 have been reported on a complete basis. Ventura, S.J. and Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940-99. *National Vital Statistics Reports 48* (16). Hyattsville, MD: National Center for Health Statistics.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Hamilton, B.E., Sutton, P.D., and Ventura, S.J. (2003). Revised birth and fertility rates for the 1990s: United States, and new rates for Hispanic populations, 2000 and 2001. *National Vital Statistics Reports, 51.* (In preparation.) Hyattsville, MD: National Center for Health Statistics. Ventura, S.J., Hamilton, B.E., and Sutton, P.D. (2003). Revised birth and fertility rates for the United States, 2000 and 2001. *National Vital Statistics Reports, 51* (4). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J. and Bachrach, C.A. (2000). Nonmarital Childbearing in the United States, 1940-99. *National Vital Statistics Reports 48* (16). Hyattsville, MD: National Center for Health Statistics.

Table POP7.B

Births to unmarried women: Percentage of all births that are to unmarried women by age of mother, selected years 1980-2001

Age of mother	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001
All ages	18.4	22.0	28.0	32.2	32.4	32.4	32.8	33.0	33.2	33.5
Age group										
Under age 15	88.7	91.8	91.6	93.5	93.8	95.7	96.6	96.5	96.5	96.3
Ages 15-17	61.5	70.9	77.7	83.7	84.4	86.7	87.5	87.7	87.7	87.8
Ages 18-19	39.8	50.7	61.3	69.8	70.8	72.5	73.6	74.0	74.3	74.6
Ages 20-24	19.3	26.3	36.9	44.7	45.6	46.6	47.7	48.5	49.5	50.4
Ages 25-29	9.0	12.7	18.0	21.5	22.0	22.0	22.5	22.9	23.5	24.4
Ages 30-34	7.4	9.7	13.3	14.7	14.8	14.1	14.0	14.0	14.0	14.3
Ages 35-39	9.4	11.2	13.9	15.7	15.7	14.6	14.4	14.4	14.3	14.4
Ages 40 and older	12.1	14.0	17.0	18.1	18.4	17.1	16.7	16.5	16.8	17.1

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital and Health Statistics, Series 21* (53). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J., Martin, J.A., Curtin, S.C., Menacker, F., and Hamilton, B.E. (2001). Births: Final data for 1999. *National Vital Statistics Reports, 49* (1). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J. and Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940-99. *National Vital Statistics Reports, 48* (16). Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F., and Park, M.M. (2002). Births: Final data for 2000. *National Vital Statistics Reports, 50* (5). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Ventura, S.J., Menaker, F., Park, M.M., and Sutton, P.D. (2002). Births: Final Data for 2001. *National Vital Statistics Reports, 51* (2). Hyattsville, MD: National Center for Health Statistics.

Table POP8.A

Child care: Percentage of children from birth through age 6, not yet in kindergarten, by type of care arrangement and child and family characteristics, 1995 and 2001

Characteristic	Parental care only		Type of nonparental care arrangement							
			Total in nonparental care[b]		Care in a home[a]				Center-based program[c]	
					By a relative		By a nonrelative			
	1995	2001	1995	2001	1995	2001	1995	2001	1995	2001
Total	40	39	60	61	21	23	18	16	31	34
Age/grade in school										
Ages 0-2	51	48	50	52	23	23	19	18	12	17
Ages 3-6, not yet in kindergarten	26	26	74	74	19	22	17	14	55	56
Race and ethnicity										
White, non-Hispanic	38	38	62	62	18	20	21	19	33	35
Black, non-Hispanic	34	26	66	75	31	34	12	14	33	41
Hispanic[d]	54	53	46	47	23	23	12	12	17	20
Other, non-Hispanic	42	35	58	65	25	23	13	15	28	37
Poverty status										
Below poverty	50	46	50	54	24	26	10	10	24	27
At or above poverty	36	37	64	63	20	22	21	18	33	35
Mother's highest level of education[e]										
Less than high school	62	56	38	44	20	21	7	9	16	21
High school graduate/GED	44	43	56	58	23	26	15	14	26	28
Vocational/technical or some college	34	37	66	64	24	25	19	16	34	36
College graduate	28	32	72	69	15	17	28	23	43	42
Mother's employment status[e]										
35 hours or more per week	12	15	88	85	33	33	32	26	39	42
Less than 35 hours per week	25	29	75	71	30	32	26	20	35	36
Looking for work	58	57	42	43	16	16	4	9	25	25
Not in the labor force	68	68	32	32	7	6	6	5	22	24

[a] Relative and nonrelative care can take place in either the child's own home or another home.

[b] Some children participate in more than one type of nonparental care arrangement. Thus, details do not sum to the total percentage of children in nonparental care.

[c] Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs.

[d] Persons of Hispanic origin may be of any race.

[e] Children without a mother in the home are excluded from estimates of mother's highest level of education and mother's employment status.

NOTE: Some children participate in more than one type of arrangement, so the sum of all arrangement types exceeds the total percentage in nonparental care. Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs. Relative and nonrelative care can take place in either the child's own home or another home.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

Table POP8.B

Child care: Percentage of preschoolers (children under age 5) of employed mothers by primary child care arrangement, selected years 1985-99

Characteristic	1985	1988	1990	1991	1993	1995	1997	1999
Type of child care (during mother's work hours)								
Mother care[a]	8.1	7.6	6.4	8.7	6.2	5.4	3.3	3.1
Father care[a]	15.7	15.1	16.5	20.0	15.9	16.6	19.0	18.5
Grandparent care	15.9	13.9	14.3	15.8	17.0	15.9	18.3	20.8
Other relative care[b]	8.2	7.2	8.8	7.7	9.0	5.5	7.4	8.0
Center-based care[c]	23.1	25.8	27.5	23.1	29.9	25.1	21.5	22.1
Other nonrelative care[d]	28.2	28.9	25.1	23.4	21.6	28.5	22.5	20.3
Other[e]	0.8	1.6	1.3	1.6	1.1	2.9	8.1	7.3
Below poverty								
Mother care[a]	–	11.3	–	9.5	8.1	5.1	4.5	3.1
Father care[a]	–	15.0	–	26.7	16.2	23.3	23.2	15.2
Grandparent care	–	19.4	–	16.3	20.0	26.0	24.0	23.9
Other relative care[b]	–	11.3	–	11.4	15.8	5.0	11.6	12.9
Center-based care[c]	–	21.6	–	21.1	21.0	29.7	19.9	19.0
Other nonrelative care[d]	–	21.1	–	15.1	18.8	18.9	18.4	18.6
Other[e]	–	0.3	–	0.2	0.0	3.4	9.3	7.4
At or above poverty								
Mother care[a]	–	7.3	–	8.5	5.9	6.1	3.6	3.0
Father care[a]	–	15.1	–	19.4	16.0	18.1	21.3	19.0
Grandparent care	–	13.4	–	15.6	16.0	16.8	20.3	20.4
Other relative care[b]	–	6.8	–	7.3	8.0	4.8	6.7	7.4
Center-based care[c]	–	27.8	–	25.1	32.3	27.8	26.9	22.2
Other nonrelative care[d]	–	29.6	–	24.2	21.8	33.0	26.1	20.7
Other[e]	–	0.0	–	0.1	0.0	2.8	8.0	7.3

– = not available

[a] Mother and father care includes care while the mother worked.

[b] Other relatives include aunts, uncles, and cousins.

[c] Center-based care includes day care centers, nursery schools, and preschools.

[d] Other nonrelative care includes family day care providers, in-home babysitters, and other nonrelatives providing care in either the child's or provider's home.

[e] Other includes children in kindergarten/grade school, in a school-based activity, self care, or reported to have no regular arrangement.

NOTE: Data are available for 1985, 1988, 1990, 1991, 1993, 1995, 1997, and 1999. Poverty statistics exclude those with missing data.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation.

Table POP8.C

Child care and activities: Percentage of children in kindergarten through 8th grade by weekday care and before- and after-school activities by grade level, poverty, race, and Hispanic origin, 2001

Care arrangement or grade level and activity	Total	Poverty status		Race and Hispanic origin[a]			
		Below poverty	At or above poverty	White, non-Hispanic	Black, non-Hispanic	Hispanic	Other, non-Hispanic
Kindergarten through 3rd grade							
Care arrangements							
Parental care only[b]	49.5	51.0	49.1	53.4	33.6	52.2	45.3
Nonparental care[b]	50.5	49.0	50.9	46.6	66.4	47.8	54.7
Home-based care[c]	29.9	27.9	30.5	28.2	39.2	30.4	21.7
Center-based care	24.4	25.7	24.1	21.6	33.4	21.6	36.4
Self care	2.7	2.8	2.6	1.6	5.8	3.0	3.7
Activities							
Any activity[b]	42.7	19.7	49.1	53.6	27.5	22.3	34.5
Arts[d]	14.9	6.4	17.3	17.6	13.2	6.7	16.5
Sports	27.1	7.2	32.6	36.1	10.9	12.9	21.5
Clubs	2.6	1.4	2.9	3.2	1.5	2.0	0.9
Academic activities[e]	4.0	1.3	4.7	4.3	3.9	2.8	3.9
Community services	3.8	1.0	4.6	5.3	2.0	1.5	1.1
Religious activities	17.8	8.1	20.4	21.5	13.8	10.1	13.4
Scouts	13.0	4.0	15.4	18.2	5.5	4.2	6.2
4th through 8th grade							
Care arrangements							
Parental care only[b]	47.7	43.2	48.8	51.8	34.1	46.1	49.2
Nonparental care[b]	52.3	56.8	51.2	48.2	65.9	53.9	50.8
Home-based care[c]	21.2	25.0	20.2	19.0	28.7	23.6	15.6
Center-based care	18.1	22.6	16.9	13.9	28.2	22.2	21.3
Self care	24.5	24.6	24.5	23.5	30.4	21.3	24.7
Activities							
Any activity[b]	53.3	28.7	59.3	62.9	35.5	34.8	50.4
Arts[d]	22.9	9.6	26.2	27.1	16.6	11.8	25.1
Sports	39.0	15.8	44.7	47.3	24.2	23.4	35.3
Clubs	7.5	3.1	8.5	9.1	3.7	4.9	7.2
Academic activities[e]	9.3	7.1	9.8	8.9	11.6	6.5	12.7
Community services	11.4	5.0	12.9	13.5	6.8	7.1	13.1
Religious activities	26.5	13.5	29.7	31.7	17.5	17.0	22.0
Scouts	9.8	3.3	11.4	13.4	3.5	3.3	6.7

[a] Persons of Hispanic origin may be of any race.

[b] Children may have multiple nonparental child care arrangements and be involved in more than one activity; thus the total of the three kinds of nonparental arrangements may not sum to the category, "Nonparental care"; likewise, the seven activities listed may not sum to the category, "Any activity." Activities include organized programs a child participates in outside of school hours that are not part of a before- or after-school program.

[c] Home-based care includes care that takes place in a relative's or nonrelative's private home.

[d] Arts includes activities such as music, dance, and painting.

[e] Academic activities includes activities such as tutoring or math lab.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

Table POP9.A

Children's environments: Percentage of children under age 18 living in areas that do not meet one or more of the Primary National Ambient Air Quality Standards, 1990-2001

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
One or more standards	28.0	31.9	20.9	24.3	23.6	30.9	19.9	21.9	23.2	24.0	15.5	18.5
Pollutant												
Ozone	22.6	25.1	16.9	21.0	19.0	27.7	16.4	18.5	20.7	21.7	13.3	15.0
Carbon monoxide	9.5	8.5	6.2	5.1	6.6	5.0	5.7	3.8	4.3	3.7	3.8	0.2
Particulate matter	8.0	6.3	9.6	2.7	2.3	10.0	1.5	2.4	2.0	2.1	2.4	3.2
Lead	2.2	6.0	1.8	2.1	1.7	1.8	1.6	1.4	1.6	0.2	0.5	1.0
Nitrogen dioxide	3.7	3.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sulfur dioxide	0.5	2.1	0.1	0.5	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0

NOTE: Percentages are based on the number of children living in counties not meeting a National Ambient Air Quality Standard, divided by the total population.

For more information on the emissions standards that are used in calculating these percentages, please see the following report: Office of Air Quality Planning and Standards. (2000). *National air quality and emissions trends report, 1998.* Research Triangle Park, NC: U.S. Environmental Protection Agency.

The standards can also be found at http://www.epa.gov/oar/aqtrnd98/chapter2.pdf.

SOURCE: U.S. Environmental Protection Agency, Office of Air and Radiation, Aerometric Information Retrieval System.

Table POP9.B Blood cotinine levels: Percentage of children ages 4 to 17 with specified blood cotinine levels by age, race, and ethnicity, 1988-1994 and 1999-2000

Characteristic	1988-1994	1999-2000
Children ages 4-17		
Total		
Any detectable cotinine	87.4	64.2
Blood cotinine more than 1.0 ng/mL	23.7	17.0
White, non-Hispanic		
Any detectable cotinine	86.7	63.0
Blood cotinine more than 1.0 ng/mL	24.2	19.8
Black, non-Hispanic		
Any detectable cotinine	94.5	83.1
Blood cotinine more than 1.0 ng/mL	36.6	22.1
Mexican American		
Any detectable cotinine	83.5	48.2
Blood cotinine more than 1.0 ng/mL	10.7	4.9
Children ages 4-11		
Total		
Any detectable cotinine	87.7	64.4
Blood cotinine more than 1.0 ng/mL	25.7	17.7
White, non-Hispanic		
Any detectable cotinine	86.4	62.7
Blood cotinine more than 1.0 ng/mL	25.9	20.7
Black, non-Hispanic		
Any detectable cotinine	94.5	85.6
Blood cotinine more than 1.0 ng/mL	37.2	22.9
Mexican American		
Any detectable cotinine	83.8	48.6
Blood cotinine more than 1.0 ng/mL	11.4	4.7
Children ages 12-17		
Total		
Any detectable cotinine	87.0	63.9
Blood cotinine more than 1.0 ng/mL	21.1	16.0
White, non-Hispanic		
Any detectable cotinine	87.0	63.3
Blood cotinine more than 1.0 ng/mL	21.7	18.4
Black, non-Hispanic		
Any detectable cotinine	94.4	79.8
Blood cotinine more than 1.0 ng/mL	35.9	21.0
Mexican American		
Any detectable cotinine	83.0	47.5
Blood cotinine more than 1.0 ng/mL	9.7	5.1

NOTE: "Any detectable cotinine" indicates blood cotinine levels at or above 0.05 nanograms per milliliter (ng/mL), the detectable level of cotinine in blood. Cotinine levels are reported for nonsmoking children only.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table POP9.C Exposure to secondhand smoke: Percentage of homes with children under age 7 where someone smokes regularly, selected years 1994-1999

	1994	1996	1999
Children under age 7			
Percentage	28.7	27.6	19.0

NOTE: Percentages represent households with survey respondent answering "yes" to this question: "Do you allow anyone to smoke in your home on a regular basis?"

SOURCE: U.S. Environmental Protection Agency, Office of Air and Radiation, Survey on Radon Awareness and Environmental Tobacco Issues.

Table ECON1.A

Child poverty: Percentage of related children[a] under age 18 living below selected poverty levels by age, family structure, race, and Hispanic origin, selected years 1980-2001

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999[b]	2000[b]	2001[b]
Under 100 percent of poverty										
Children in all families										
Related children	18	20	20	20	20	19	18	17	16	16
White, non-Hispanic	–	–	12	11	10	11	10	9	9	9
Black	42	43	44	42	40	37	36	33	31	30
Hispanic[c]	33	40	38	39	40	36	34	30	28	27
Related children under age 6	20	23	23	24	23	22	21	18	18	18
Related children ages 6-17	17	19	18	18	18	18	17	16	15	15
Children in married-couple families										
Related children	–	–	10	10	10	10	9	9	8	8
White, non-Hispanic	–	–	7	6	5	5	5	5	5	5
Black	–	–	18	13	14	13	12	11	9	10
Hispanic[c]	–	–	27	28	29	26	23	22	21	20
Related children under age 6	–	–	12	11	12	11	10	9	9	9
Related children ages 6-17	–	–	10	9	9	9	9	8	8	7
Children in female-householder families, no husband present										
Related children	51	54	53	50	49	49	46	42	40	39
White, non-Hispanic	–	–	40	34	35	37	33	29	28	29
Black	65	67	65	62	58	55	55	52	49	47
Hispanic[c]	65	72	68	66	67	63	60	52	50	49
Related children under age 6	65	66	66	62	59	59	55	51	50	49
Related children ages 6-17	46	48	47	45	45	45	42	39	36	35
All children[d]	18	21	21	21	21	20	19	17	16	16
Under 50 percent of poverty										
Children in all families										
Related children	7	8	8	8	8	8	8	6	6	7
White, non-Hispanic	–	–	4	3	4	4	4	3	3	3
Black	17	22	22	20	20	20	17	15	15	16
Hispanic[c]	–	–	14	16	14	16	13	11	9	10
Under 150 percent of poverty										
Children in all families										
Related children	29	32	31	32	31	30	29	28	26	27
White, non-Hispanic	–	–	21	19	19	19	18	17	16	17
Black	57	59	57	56	56	51	52	48	45	46
Hispanic[c]	–	–	55	59	57	56	52	49	47	46

– = not available

[a] A related child is a person under age 18 who is related to the householder by birth, marriage, or adoption, but is not the householder or the householder's spouse.

[b] Data for 1999, 2000, and 2001 use Census 2000 population controls. Data for 2000 and 2001 are from the expanded CPS sample.

[c] Persons of Hispanic origin may be of any race.

[d] Includes children not related to the householder.

NOTE: Unless otherwise noted, estimates refer to children under age 18 who are related to the householder. The poverty level is based on money income and does not include noncash benefits, such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index level. The average poverty threshold for a family of four was $18,104 in 2001. The levels shown here are derived from the ratio of the family's income to the family's poverty threshold. For more detail, see U.S. Census Bureau, Series P-60, No. 219.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Demographic Supplement *Current Population Reports*, Consumer income, Series P-60, various years.

Table ECON1.B Income distribution: Percentage of related children under age 18 by family income relative to the poverty line, selected years 1980-2001

Poverty level	1980	1985	1990	1995	1996	1997	1998	1999[a]	2000[a]	2001[a]
Extreme poverty	6.6	8.1	8.3	7.9	8.4	8.5	7.6	6.5	6.3	6.6
Below poverty, but above extreme poverty	11.3	12.0	11.6	12.2	11.4	10.8	10.7	10.1	9.4	9.1
Low income	24.0	22.8	21.8	22.5	22.7	21.4	21.2	21.9	21.3	21.9
Medium income	41.4	37.7	37.0	34.5	34.0	34.4	33.5	32.8	34.0	33.2
High income	16.8	19.4	21.3	22.8	23.5	25.0	27.0	28.7	29.0	29.2
Very high income	4.3	6.1	7.4	8.9	9.2	10.1	11.2	12.3	12.6	12.9

[a] Data for 1999, 2000, and 2001 use Census 2000 population controls. Data for 2000 and 2001 are from the expanded CPS sample.

NOTE: Unless otherwise noted, estimates refer to children under age 18 who are related to the householder. The income classes are derived from the ratio of the family's income to the family's poverty threshold. Extreme poverty is less than 50 percent of the poverty threshold (i.e., $9,052 for a family of four in 2001). Poverty is between 50 and 99 percent of the poverty threshold (i.e., between $9,052 and $18,103 for a family of four in 2001). Low income is between 100 and 199 percent of the poverty threshold (i.e., between $18,104 and $36,207 for a family of four 2001). Medium income is between 200 and 399 percent of the poverty threshold (i.e., between $36,208 and $72,415 for a family of four in 2001). High income is 400 percent of the poverty threshold or more(i.e., $72,416 or more for a family of four in 2001). Very high income is 600 percent of the poverty threshold and over (i.e., $108,624 or more for a family of four in 2001). [These income categories are similar to those used in the *Economic report for the President* (1998). A similar approach is found in Hernandez, D. J. (1993). *America's children: Resources from family, government, and the economy.* New York: Russell Sage Foundation for the National Committee for Research on the 1980 Census, except that Hernandez uses the relationship to median income to define his categories. The medium and high income categories are similar for either method.]

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Demographic Supplement.

The Measurement of Poverty

The measurement of poverty used in this report is the official poverty measure used by the U.S. Census Bureau. A child is living below poverty if the child lives in a family with before-tax cash income below a defined level of need, called the poverty line. The official poverty line in use today was devised in the early 1960s based on the minimum cost of what was considered to be a nutritionally adequate diet. As originally defined, the poverty index signified the inability of families to afford the basic necessities of living, based on the budget and spending patterns of those Americans with an average standard of living. Since then, the poverty line has been updated annually for inflation using the Consumer Price Index for all urban consumers. The poverty line depends on the size of the family and the number of children in the family.

A 1995 report by the National Research Council[1] recommended changing the definition of both the poverty thresholds and the resources that are used to measure poverty. Its recommendations included the following:

> **Defining income:** On the one hand, the definition of family income should be expanded to include other important resources of purchasing power, such as the earned income tax credit, food stamps, and housing subsidies. On the other hand, some necessary expenditures that reduce a family's resources available for basic consumption needs should be subtracted from income, such as taxes, necessary child care and other work-related expenditures, child support payments, and out-of-pocket medical expenditures.
>
> **Setting a threshold:** Poverty thresholds should be adjusted to provide a more accurate measure of family income requirements. First, the consumption bundle used to derive thresholds should be based on food, clothing, and shelter, not food consumption alone. Second, thresholds should reflect regional variations in housing costs. Third, thresholds should be adjusted for family size in a more consistent way than is currently done. Finally, thresholds should be updated to reflect changes in expenditure patterns over time.

Recent U.S. Census Bureau reports[2] used key elements of the National Research Council proposal to estimate alternative poverty rates from 1990 to 1997. These estimates produced increases in child poverty from 1990 to 1993 similar to, and decreases in poverty from 1993 to 1997 somewhat larger than, those under the official measure. These changes reflect that the new measure more completely accounts for in-kind transfers, such as food stamps and housing benefits, and for work-related expenditures. As a result, the new measure tends to decrease the relative poverty rate of children who are more likely to live in families that receive in-kind transfers and to increase the relative poverty rate of children living with employed low-income persons with higher work-related expenses.

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[1] Citro, C.F. and Michael, R.T. (Eds.). (1995). *Measuring poverty: A new approach.* Washington, DC: National Academy Press.

[2] U.S. Census Bureau. (1999). Experimental poverty measures: 1990-1997. *Current Population Reports,* Series P-60-205. Short, K. (2001). Experimental Poverty Measures: 1999. *Current Population Reports,* Series P-60-216. Washington, DC: U.S. Census Bureau.

Table ECON2

Secure parental employment: Percentage of children under age 18 living with at least one parent employed full time all year[a] by family structure, race, Hispanic origin, poverty status, and age, selected years 1980-2001

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001
All children living with parent(s)[b]										
Total	70	70	72	74	75	76	77	79	80	79
Race and Hispanic origin										
White, non-Hispanic	75	77	79	81	82	82	84	84	85	84
Black, non-Hispanic	50	48	50	54	56	58	58	64	66	65
Hispanic[c]	59	55	60	61	64	67	68	71	72	73
Poverty status										
Below poverty	21	20	22	25	25	26	31	31	34	32
At or above poverty	81	82	85	86	87	88	87	88	88	87
Age										
Children under 6	67	67	68	69	71	72	74	76	76	76
Children ages 6-17	72	72	74	76	77	78	79	80	81	80
Children living in families maintained by two married parents										
Total	80	81	85	87	88	88	89	90	90	89
Race and Hispanic origin										
White, non-Hispanic	81	83	86	89	90	91	91	91	92	91
Black, non-Hispanic	73	76	84	85	87	85	86	88	90	89
Hispanic[c]	71	70	74	77	79	80	82	83	85	84
Poverty status										
Below poverty	38	37	44	46	48	48	56	52	58	54
At or above poverty	84	87	89	91	92	92	92	93	93	92
Age										
Children under 6	76	79	83	86	87	87	88	89	89	88
Children ages 6-17	81	82	85	87	88	89	89	90	91	90
With both parents working full time all year	17	20	25	28	30	31	31	32	33	32
Children living in families maintained by single mothers[d]										
Total	33	32	33	38	39	41	44	47	49	48
Race and Hispanic origin										
White, non-Hispanic	39	39	40	46	47	46	52	52	53	52
Black, non-Hispanic	28	25	27	33	35	39	39	46	49	48
Hispanic[c]	22	22	24	27	27	34	36	39	38	42
Poverty status										
Below poverty	7	7	9	14	10	13	17	18	20	19
At or above poverty	59	59	60	61	64	66	66	66	67	67
Age										
Children under 6	20	20	21	24	27	28	31	35	36	38
Children ages 6-17	38	37	40	45	45	47	50	52	55	53

Table ECON2 (cont.)

Secure parental employment: Percentage of children under age 18 living with at least one parent employed full time all year[a] by family structure, race, Hispanic origin, poverty status, and age, selected years 1980-2001

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001[b]
Children living in families maintained by single fathers[d]										
Total	57	60	64	67	67	70	70	70	68	69
Race and Hispanic origin										
White, non-Hispanic	61	62	68	72	69	72	72	76	74	71
Black, non-Hispanic	41	59	53	64	60	67	66	51	52	58
Hispanic[c]	53	53	59	58	66	68	69	65	68	72
Poverty status										
Below poverty	15	23	21	24	30	29	34	28	21	29
At or above poverty	68	69	74	79	77	80	79	79	79	78
Age										
Children under 6	48	57	58	54	61	62	65	66	65	67
Children ages 6-17	59	62	67	74	70	74	72	71	70	70

[a] Full-time, all-year employment is defined as usually working full time (35 hours or more per week) for 50 to 52 weeks.

[b] Total children living with parent(s) (in thousands)	60,683	61,264	63,351	68,090	68,275	68,408	68,814	69,118	69,126	69,514
Total living with relatives but not with parent(s) (in thousands)	1,954	1,379	1,455	2,160	2,016	2,137	2,159	2,187	2,212	2,002

[c] Persons of Hispanic origin may be of any race.

[d] Includes some families where both parents are present in the household, but living as unmarried partners.

SOURCE: U.S. Bureau of Labor Statistics, March Current Population Survey.

Table ECON3 **Housing problems: Percentage of households with children under age 18 that report housing problems by type of problem, selected years 1978-2001**

Household type	1978	1983	1989	1993	1995	1997	1999	2001
All households with children								
Number of households (in millions)	32.3	33.6	35.4	35.4	37.2	37.0	37.5	39.0
Percent with								
Any problems	30	33	33	34	36	36	35	36
Inadequate housing[a]	9	8	9	7	7	7	7	7
Crowded housing	9	8	7	6	7	7	7	6
Cost burden greater than 30 percent	15	21	24	26	28	28	28	28
Cost burden greater than 50 percent	6	11	9	11	12	12	11	11
Severe problems	8	12	10	11	12	11	11	11
Very-low-income renter households with children[b]								
Number of households (in millions)	4.2	5.1	5.9	6.6	6.5	6.4	6.2	5.9
Percent with								
Any problems	79	83	77	75	77	82	80	80
Inadequate housing[a]	18	18	18	14	13	16	15	16
Crowded housing	22	18	17	14	17	17	17	15
Cost burden greater than 30 percent	59	68	67	67	69	73	70	70
Cost burden greater than 50 percent	31	38	36	38	38	41	37	39
Severe problems	33	42	31	33	31	32	29	31
Rental assistance	23	23	33	33	33	31	31	31

[a] Inadequate housing refers to housing with "moderate or severe physical problems." The most common problems meeting the definition are lacking complete plumbing for exclusive use, having unvented room heaters as the primary heating equipment, and having multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats.

[b] Very-low-income households are those with incomes at or below one-half the median income in a geographic area.

NOTE: Data are available for 1978, 1983, 1989, 1993, 1995, 1997, 1999 and 2001. (1978 data are based on 1970 Census weights; 1983 and 1989 data on 1980 weights; 1993, 1995, 1997, 1999 and 2001 data on 1990 weights). Moderate or severe physical problems: See definition in Appendix A of the American Housing Survey summary volume, American Housing Survey for the United States in 1999, *Current Housing Reports*, H150/99, U.S. Census Bureau, 2000. Cost burden: Expenditures on housing and utilities are greater than 30 percent of reported income. Rental assistance: Renters are either in a public housing project or have a subsidy (i.e., pay a lower rent because a Federal, State, or local government program pays part of the cost of construction, mortgage, or operating expenses). Severe problems: Cost burden is greater than 50 percent of income or severe physical problems among those not reporting housing assistance. Because of questionnaire changes, 1997, 1999 and 2001 data on assisted families, priority problems, and severe physical problems are not directly comparable with earlier data. See Office of Policy Development and Research, U.S. Department of Housing and Urban Development. (1998). *Rental housing assistance—the crisis continues: The 1997 report to Congress on worst case housing needs.* Washington, DC: U.S. Department of Housing and Urban Development.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, Annual Housing Survey and American Housing Survey. Tabulated by the U.S. Department of Housing and Urban Development.

Table ECON4.A

Food security: Percentage of children under age 18 in food-insecure households by poverty status and presence of hunger, selected years 1995-2001

Characteristic	1995[a]	1998	1999	2000	2001[b]
All children					
In food-insecure households	19.4	19.7	16.9	18.0	17.6
Food insecure with hunger, any member	6.1	4.7	3.8	4.1	4.1
Food insecure with hunger, adult only	4.8	3.7	3.1	3.3	3.5
Food insecure with hunger, adult and child	1.3	1.0	0.7	0.8	0.6
Below poverty					
In food-insecure households	44.4	48.7	44.0	47.2	45.9
Food insecure with hunger, any member	15.6	14.2	11.8	11.9	12.9
Food insecure with hunger, adult only	12.2	11.2	9.6	9.7	10.3
Food insecure with hunger, adult and child	3.4	3.0	2.2	2.2	2.6
At or above poverty					
In food-insecure households	11.2	12.6	10.5	11.5	11.5
Food insecure with hunger, any member	3.0	2.3	1.9	2.1	2.2
Food insecure with hunger, adult only	2.4	1.8	1.5	1.6	1.9
Food insecure with hunger, adult and child	0.6	0.5	0.4	0.5	0.3

[a] Data for 1995 are not precisely comparable to more recent years, due to a change in the method of screening CPS sample households into the Food Security Supplement. However, the effect on 1995 statistics (a slight downward bias) is perceptible only for the broadest category of household food insecurity identified, "In food-insecure households."

[b] Food insecurity and hunger statistics should be compared across 2-year, 4-year, or 6-year periods to avoid seasonal effects that result from year-to-year alternation in the month in which the survey was conducted.

NOTE: The food security measure (ECON4.A) is based on data collected annually in the Food Security Supplement to the Current Population Survey (CPS). The most severe level reported is based on the Children's Food Security Scale, while the less severe levels are based on the broader Household Food Security Scale. The three levels of severity reported are nested, in the sense that households experiencing more severe levels of insecurity are subsets of those households that experience less severe levels. The dividing lines, or designated thresholds, between the successive categories reflect a consensus judgment of an expert working group on food security measurement. For detailed explanations, see Food and Nutrition Service (2000). *Guide to Measuring Household Food Security*, Revised 2000. Alexandria, VA: Food and Nutrition Service; Economic Research Service (2002). *Measuring Children's Food Security in U.S. households, 1995-99*. Washington, DC: Economic Research Service; and Economic Research Service (2002). *Household food security in the United States, 2001*. Washington, DC: Economic Research Service.

SOURCE: United States Department of Agriculture, Food and Nutrition Service and Economic Research Service (ERS). Tabulated by ERS.

Table ECON4.B Diet quality: Percentage of children ages 2 to 18 by age and diet quality as measured by the Healthy Eating Index, 1989-90, 1994-96, 1999-2000

Characteristic	Ages 2-6	Ages 7-12	Ages 13-18
1989-90			
Good diet	20	11	5
Needs improvement	74	82	72
Poor diet	6	7	23
1994-96			
Good diet	20	9	5
Needs improvement	70	75	69
Poor diet	10	16	27
1999-2000			
Good diet	20	8	4
Needs improvement	74	79	77
Poor diet	6	13	19

NOTE: A Healthy Eating Index (HEI) score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet. See Table ECON4.D for a description of the HEI and average scores by age. Data for the three time periods are not necessarily comparable because of methodological differences in data collection.

SOURCE: U.S. Department of Agriculture, 1989-90, and1994-96, Continuing Survey of Food Intakes by Individuals, and Centers for Disease Control and Prevention, 1999-2000 National Health and Nutrition Examination Survey.

Table ECON4.C Diet quality: Percentage of children ages 2 to 18 by age and diet quality as measured by the Healthy Eating Index, 1989-90, 1994-96, 1999-2000

Characteristic	Ages 2-6	Ages 7-12	Ages 13-18
1989-90			
At or below poverty			
Good diet	9	11	3
Needs improvement	74	75	72
Poor diet	17	15	25
Above poverty			
Good diet	23	11	5
Needs improvement	74	83	72
Poor diet	3	5	23
1994-96			
At or below poverty			
Good diet	16	7	3
Needs improvement	72	74	66
Poor diet	12	19	31
Above poverty			
Good diet	29	10	5
Needs improvement	66	75	69
Poor diet	9	15	26
1999-2000			
At or below poverty			
Good diet	17	7	3
Needs improvement	78	75	78
Poor diet	5	18	19
Above poverty			
Good diet	22	8	4
Needs improvement	72	81	76
Poor diet	6	11	20

NOTE: A Healthy Eating Index (HEI) score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet. See Table ECON4.D for a description of the HEI and average scores by age. Data for the three time periods are not necessarily comparable because of methodological differences in data collection.

SOURCE: U.S. Department of Agriculture, 1989-90 and 1994-96, Continuing Survey of Food Intakes by Individuals, and Centers for Disease Control and Prevention, 1999-2000 National Health and Nutrition Examination Survey.

Table ECON4.D

Healthy Eating Index: Overall and component mean scores and percentages for children ages 2 to 18, 1989-90, 1994-96, 1999-2000

	1989-90			1994-96			1999-2000		
	Ages			Ages			Ages		
Component	2-6	7-12	13-18	2-6	7-12	13-18	2-6	7-12	13-18
HEI score									
Overall	70.2	66.6	59.2	69.4	64.6	59.9	70.3	64.1	61.0
1. Grains	7.6	7.0	6.3	7.7	7.5	6.9	8.0	7.5	6.8
2. Vegetables	5.2	5.0	5.6	5.3	5.2	5.9	5.6	4.8	5.3
3. Fruits	6.2	4.6	3.1	6.0	4.1	3.2	5.8	3.7	3.1
4. Milk	8.6	8.3	6.7	7.3	7.1	5.3	7.3	6.9	7.5
5. Meat	6.6	7.0	7.1	5.7	5.7	6.3	5.4	5.5	6.0
6. Total fat	6.7	6.9	6.1	7.3	7.1	7.0	7.3	7.2	7.1
7. Saturated fat	3.7	4.2	4.0	5.5	5.7	6.2	5.8	6.2	6.2
8. Cholesterol	9.4	8.7	8.1	9.0	8.6	7.6	9.0	8.6	8.1
9. Sodium	9.1	7.3	5.8	8.4	6.6	5.6	8.0	6.4	5.7
10. Variety	7.2	7.7	6.5	7.3	7.1	6.0	8.1	7.5	7.2
Percentage of children meeting the dietary recommendations for each component									
1. Grains	25.6	11.3	15.2	37.4	27.8	24.9	41.4	35.4	27.5
2. Vegetables	7.0	7.7	11.9	21.8	20.5	28.6	29.1	18.2	22.3
3. Fruits	33.0	11.0	6.5	39.7	16.0	11.8	35.9	12.9	12.9
4. Milk	59.6	50.4	28.4	43.5	40.2	20.4	42.5	37.2	25.9
5. Meat	14.1	20.0	25.3	19.4	17.3	27.7	16.7	17.9	24.1
6. Total fat	17.9	16.8	11.6	38.6	33.9	37.0	38.7	36.5	37.8
7. Saturated fat	9.9	5.9	9.0	27.8	28.0	37.1	34.0	34.8	34.1
8. Cholesterol	87.1	75.9	70.2	82.9	78.6	68.6	83.3	79.3	73.9
9. Sodium	59.8	26.3	23.4	57.3	31.0	28.6	51.5	30.0	31.1
10. Variety	30.3	39.5	25.6	42.3	39.2	30.1	57.3	49.3	45.0

NOTE: The Healthy Eating Index (HEI) examines the diet of all Americans. The Index consists of 10 components, each representing different aspects of a healthful diet. Components 1 to 5 measure the degree to which a person's diet conforms to the U.S. Department of Agriculture's Food Guide Pyramid serving recommendations for the five major food groups: grains (bread, cereal, rice, and pasta), vegetables, fruits, milk (milk, yogurt, and cheese), and meat/meat alternatives (meat, poultry, fish, dry beans, eggs, and nuts). Component 6 measures total fat consumption as a percentage of total food energy (calorie) intake. Component 7 measures saturated fat consumption as a percentage of total food energy intake. Components 8 and 9 measure total cholesterol intake and total sodium intake, respectively. Component 10 measures the degree of variety in a person's diet. Each component of the Index has a maximum score of 10 and a minimum score of 0. Intermediate scores are computed proportionately. High component scores indicate intakes close to recommended ranges or amounts. The maximum combined score for the 10 components is 100. An HEI score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet. Data for the three time periods are not necessarily comparable because of methodological differences in data collection.

SOURCE: U.S. Department of Agriculture, 1989-90 and 1994-96, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals, and Centers for Disease Control and Prevention, 1999-2000 National Health and Nutrition Examination Survey.

Table ECON5.A

Access to health care: Percentage of children under age 18 covered by health insurance[a] by type of health insurance, age, race, and Hispanic origin, 1987-2001

Characteristic	1987	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999[b]	2000[b]	2001[b]
All health insurance													
Total	87	87	87	87	86	86	86	85	85	85	87	88	88
Age													
Ages 0-5	88	89	89	89	88	86	87	86	86	84	87	89	89
Ages 6-11	87	87	88	88	87	87	87	85	86	85	88	89	89
Ages 12-17	86	85	85	85	83	85	86	84	83	84	87	88	87
Race and Hispanic origin													
White, non-Hispanic	90	90	90	90	89	89	90	89	89	89	92	93	93
Black	83	85	85	86	84	83	85	81	81	80	84	86	86
Hispanic[c]	72	72	73	75	74	72	73	71	71	70	74	75	76
Private health insurance													
Total	74	71	70	69	67	66	66	66	67	68	70	70	68
Age													
Ages 0-5	72	68	66	65	63	60	60	62	63	64	66	66	64
Ages 6-11	74	73	71	71	70	67	67	67	68	68	70	70	69
Ages 12-17	75	73	72	71	69	70	71	70	69	70	73	73	72
Race and Hispanic origin													
White, non-Hispanic	83	81	80	80	78	77	78	78	78	79	81	81	80
Black	49	49	45	46	46	43	44	45	48	47	52	53	52
Hispanic[c]	48	45	43	42	42	38	38	40	42	43	46	45	44
Government health insurance[d]													
Total	19	22	24	25	27	26	26	25	23	23	23	24	26
Age													
Ages 0-5	22	28	30	33	35	33	33	31	29	27	27	29	31
Ages 6-11	19	20	22	23	25	25	26	25	23	23	23	25	26
Ages 12-17	16	18	19	19	20	20	21	19	19	19	19	20	20
Race and Hispanic origin													
White, non-Hispanic	12	15	16	17	19	18	18	18	17	16	16	17	19
Black	42	45	48	49	50	48	49	45	40	42	40	42	42
Hispanic[c]	28	32	37	38	41	38	39	35	34	31	33	35	37

[a] Children are considered to be covered by health insurance if they had government or private coverage at any time during the year. Some children are covered by both types of insurance; hence, the sum of government and private is greater than the total.

[b] Estimates beginning in 1999 include follow-up questions to verify health insurance status and use the Census 2000-based weights. Estimates for 1999 through 2001 are not directly comparable with earlier years, before the verification questions were added.

[c] Persons of Hispanic origin may be of any race.

[d] Government health insurance for children consists mostly of Medicaid, but also includes Medicare, the State Children's Health Insurance Programs (SCHIP), and Civilian Health and Medical Care Program of the Uniformed Services (CHAMPUS/Tricare).

SOURCE: U.S. Census Bureau, unpublished tables based on analyses from the March Current Population Survey.

Table ECON5.B

Usual source of care: Percentage of children under age 18 with no usual source of health care[a] by age, type of health insurance, and poverty status, 1993-2001

Characteristic	1993	1994	1995	1996	1997[b]	1998[b]	1999[b]	2000[b]	2001[b]
Children ages 0-17									
Total	8.0	6.8	6.3	6.3	6.9	6.5	6.7	7.0	5.8
Type of insurance									
Private insurance[c]	3.9	3.4	3.0	3.0	3.3	2.9	3.3	3.4	2.4
Public insurance[c,d]	10.8	6.3	6.6	6.0	5.2	5.8	5.9	4.8	5.4
No insurance	24.3	21.7	22.1	23.2	27.6	28.0	28.5	29.7	28.0
Poverty status									
Below poverty	15.2	11.0	10.4	10.0	12.8	11.6	13.3	12.1	11.7
At or above poverty	5.5	5.4	4.9	5.0	5.4	5.2	5.1	5.8	4.0
Children ages 0-4									
Total	5.2	4.4	4.2	4.2	4.2	4.0	4.2	4.5	4.0
Type of insurance									
Private insurance[c]	1.8	1.7	1.3	1.5	2.0	1.5	1.9	2.2	1.3
Public insurance[c,d]	7.3	4.1	5.0	4.0	3.7	3.4	4.0	3.2	4.6
No insurance	18.6	16.1	17.2	18.7	16.6	20.5	20.5	18.8	23.1
Poverty status									
Below poverty	10.8	6.8	7.4	6.0	7.2	6.9	8.6	8.4	8.7
At or above poverty	3.1	3.5	3.0	3.4	3.0	3.1	3.5	4.1	2.6
Children ages 5-17									
Total	9.2	7.9	7.1	7.2	8.0	7.4	7.7	7.9	6.4
Type of insurance									
Private insurance[c]	4.7	4.0	3.6	3.5	3.8	3.4	3.8	3.8	2.8
Public insurance[c,d]	13.3	7.8	7.8	7.4	6.2	7.3	6.9	5.7	5.7
No insurance	26.2	23.7	23.8	24.6	31.2	30.4	31.0	33.5	29.4
Poverty status									
Below poverty	17.6	13.0	11.8	11.9	15.4	13.8	15.3	13.6	13.0
At or above poverty	6.4	6.2	5.7	5.5	6.3	5.9	5.7	6.4	4.5

[a] Excludes emergency rooms as a usual source of care.

[b] In 1997, the National Health Interview Survey was redesigned. Data for 1997-2001 are not strictly comparable with earlier data.

[c] Children with both public and private insurance coverage are placed in the private insurance category.

[d] As defined here, public health insurance for children consists mostly of Medicaid or other public assistance programs, including State plans. Beginning in 1999, the public health insurance category also includes the Children's Health Insurance Program (CHIP). It does not include children with only Medicare or the Civilian Health and Medical Care Program of the Uniformed Services (CHAMPUS/CHAMP-VA/Tricare).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Table HEALTH1

General health status: Percentage of children under age 18 in very good or excellent health by age, poverty status, race, and Hispanic origin, selected years 1984-2001

Age and poverty status	1984	1985	1990	1995	1996	1997[a]	1998[a]	1999[a]	2000[a]	2001
Children ages 0-17										
Total	78	79	81	80	81	82	83	83	82	83
Poverty status										
Below poverty	62	64	66	65	66	68	70	71	70	71
At or above poverty	83	84	84	84	85	86	87	86	85	86
Race and Hispanic origin										
White, non-Hispanic	82	84	85	85	85	87	88	87	86	87
Black, non-Hispanic	65	66	69	71	74	73	74	74	74	74
Hispanic[b]	66	68	75	69	69	73	74	77	75	77
Children ages 0-4										
Total	79	80	81	81	81	84	85	85	85	85
Poverty status										
Below poverty	66	69	70	67	69	74	76	73	74	74
At or above poverty	84	85	85	85	85	88	89	88	88	88
Race and Hispanic origin										
White, non-Hispanic	83	86	85	86	86	89	90	89	89	89
Black, non-Hispanic	66	67	72	72	75	77	77	78	77	78
Hispanic[b]	70	69	75	70	69	75	77	78	77	80
Children ages 5-17										
Total	77	78	80	80	81	81	82	82	81	82
Poverty status										
Below poverty	60	62	64	64	65	65	67	70	68	70
At or above poverty	82	83	84	84	85	86	87	86	84	86
Race and Hispanic origin										
White, non-Hispanic	82	83	84	85	85	86	87	86	85	87
Black, non-Hispanic	65	66	67	70	73	71	72	73	73	72
Hispanic[b]	65	67	75	69	69	72	73	76	74	76

[a] In 1997, the National Health Interview Survey was redesigned. Data for 1997-2001 are not strictly comparable with earlier data.

[b] Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Table HEALTH2

Activity limitation: Percentage of children ages 5 to 17 with limitation in activity resulting from chronic conditions[a] by age, gender, poverty status, race and Hispanic origin[b], selected years 1997-2001

Characteristic	Total				Male				Female			
	1997	1999	2000	2001	1997	1999	2000	2001	1997	1999	2000	2001
Children ages 5-17												
Total	7.8	7.0	7.0	8.0	10.0	8.8	8.9	10.4	5.5	5.2	5.1	5.5
Special education only[c]	5.4	5.3	5.1	6.2	7.2	6.8	6.5	8.2	3.5	3.8	3.6	4.0
Other limitations[d]	2.4	1.7	2.0	1.8	2.8	2.0	2.4	2.2	2.0	1.4	1.5	1.5
Poverty status												
Below poverty	10.8	10.7	10.5	12.0	13.4	13.5	12.2	14.8	8.3	7.8	8.7	9.2
Special education only[c]	7.2	7.6	7.8	9.2	9.4	9.7	9.2	11.6	4.9	5.5	6.3	6.9
Other limitations[d]	3.7	3.0	2.7	2.8	4.0	3.8	3.0	3.2	3.3	2.2	2.4	2.3
At or above poverty	7.6	7.1	7.1	8.2	9.8	9.1	9.3	10.8	5.2	5.1	4.9	5.5
Special education only[c]	5.4	5.6	5.1	6.3	7.2	7.3	6.8	8.5	3.4	3.9	3.5	4.0
Other limitations[d]	2.2	1.5	2.0	1.8	2.6	1.8	2.5	2.2	1.8	1.2	1.5	1.5
Race or Hispanic origin												
White, non-Hispanic	8.3	7.5	7.5	8.5	10.7	9.1	9.4	11.1	5.8	5.8	5.5	5.8
Special education only[c]	5.8	5.7	5.4	6.6	7.7	7.2	6.9	8.8	3.8	4.2	3.9	4.1
Other limitations[d]	2.5	1.8	2.1	2.0	3.0	1.9	2.5	2.2	2.0	1.6	1.6	1.7
Black, non-Hispanic	8.4	7.0	7.8	9.3	10.6	9.6	10.2	11.8	6.1	4.4	5.4	6.7
Special education only[c]	5.5	4.9	5.8	7.3	7.2	6.7	7.8	9.3	3.7	3.2	3.9	5.2
Other limitations[d]	2.9	2.1	2.0	2.0	3.4	2.9	2.5	2.5	2.5	1.3	1.5	1.5
Hispanic[b]	5.9	5.7	5.3	5.5	7.6	7.1	6.6	7.1	4.2	4.2	3.9	3.9
Special education only[c]	4.0	4.5	3.7	4.3	5.4	5.8	4.7	5.7	2.5	3.1	2.6	2.8
Other limitations[d]	1.9	1.2	1.6	1.2	2.1	1.3	1.9	1.4	1.7	1.1	1.3	1.1

[a] Chronic conditions usually have a duration of more than 3 months.

[b] Persons of Hispanic origin may be of any race.

[c] Special education is provided under the Individuals with Disabilities Education Act (IDEA). Special education services are designed to meet the individual needs of the child, and may take place in a regular classroom setting, a separate classroom, a special school, a private school, at home, or at a hospital. To be eligible for special education services, children must have a condition that adversely affects their educational performance.

[d] Other limitations include limitations in ability to walk, care for themselves, or any other activities.

NOTE: The prevalence of activity limitation among 5 to 17-year-olds is based on parent responses in the National Health Interview Survey family core questionnaire. The child was considered to have an activity limitation if the parent gave a positive response to any of the following questions about the child: (1) "Because of a physical, mental, or emotional problem, does (child's name) need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside the home?" (2) "Because of a health problem does (child's name) have difficulty walking without any special equipment?" (3) "Is (child's name) limited in any way because of difficulty remembering or because of periods of confusion?" "Is (child's name) limited in any activities because of physical, mental, or emotional problems?" (4) "Does (child's name) receive special education?"

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Table HEALTH3

Overweight: Percentage of children ages 6 to 18 who are overweight by gender, race, and Hispanic origin, 1976-1980, 1988-1994, and 1999-2000

	Total			Male			Female		
	1976-1980	1988-1994	1999-2000	1976-1980	1988-1994	1999-2000	1976-1980	1988-1994	1999-2000
Children ages 6-18									
Total[a]	5.7	11.2	15.3	5.5	11.8	15.9	5.8	10.6	14.6
Race or Hispanic origin									
White, non-Hispanic	4.9	10.5	11.6	4.7	11.3	12.0	5.1	9.6	11.1
Black, non-Hispanic	8.2	14.0	21.5	5.8[b]	11.5	19.0	10.7	16.5	24.1
Mexican American	-	15.4	24.5	-	16.1	28.5	-	14.7	20.1
Children ages 6-11									
Total[a]	6.1	11.3	15.3	6.2	11.6	16.0	6.0	11.0	14.5
Race or Hispanic origin									
White, non-Hispanic	5.6	10.2	11.8	6.1	10.7	12.0	5.2	9.8	11.6[b]
Black, non-Hispanic	9.0	14.6	19.5	6.8[b]	12.3	17.1	11.2	17.0	22.2
Mexican American	-	16.4	23.7	-	17.5	27.3	-	15.3	19.6
Children ages 12-18									
Total[a]	4.7	11.1	15.3	3.7	12.0	15.9	5.7	10.2	14.7
Race or Hispanic origin									
White, non-Hispanic	4.3	10.8	11.3	3.6	12.0	12.1	5.0	9.5	10.5
Black, non-Hispanic	7.5	13.3	23.6	*	10.7	21.3	10.3	16.0	26.0
Mexican American	-	14.2	25.4	-	14.4	30.3	-	14.0	20.7

– = not available

* = Estimates are considered unreliable (relative standard error greater than 40 percent)

[a] Totals include data for racial/ethnic groups not shown separately.

[b] Estimates are unstable because they are based on a small number of persons (relative standard error greater than 30 percent).

NOTE: Overweight is defined as body mass index (BMI) at or above the 95th percentile of the 2000 Centers for Disease Control and Prevention BMI-for-age growth charts (http://www.cdc.gov/growthcharts). BMI is calculated as weight in kilograms divided by the square of height in meters.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table HEALTH4

Childhood immunization: Percentage of children ages 19 to 35 months vaccinated for selected diseases by poverty status, race, and Hispanic origin, selected years 1996-2001

	Total					Below poverty					At or above poverty				
Characteristic	1996	1998	1999	2000	2001	1996	1998	1999	2000	2001	1996	1998	1999	2000	2001
Total															
Combined series (4:3:1:3)[a]	77	79	78	76	77	69	74	73	71	72	80	82	81	78	79
Combined series (4:3:1)[b]	78	81	80	78	79	71	76	75	72	73	81	83	82	79	80
DTP (4 doses or more)[c]	81	84	83	82	82	73	80	79	76	77	84	86	85	84	84
Polio (3 doses or more)	91	91	90	90	89	88	90	87	87	87	92	92	91	90	90
Measles-containing (MCV)[d]	91	92	92	91	91	87	90	90	89	89	92	93	92	91	92
Hib (3 doses or more)[e]	92	93	94	93	93	88	91	91	90	90	93	95	95	95	94
Hepatitis B (3 doses or more)[f]	82	87	88	90	89	78	85	87	87	87	83	88	89	91	90
Varicella[g]	12	43	58	68	76	5	41	55	64	74	15	44	58	69	77
White, non-Hispanic															
Combined series (4:3:1:3)[a]	79	82	81	79	79	68	77	76	73	71	81	83	82	80	80
Combined series (4:3:1)[b]	80	83	82	80	80	70	79	77	74	72	82	84	83	81	81
DTP (4 doses or more)[c]	83	87	86	84	84	72	82	81	78	75	85	88	86	85	85
Polio (3 doses or more)	92	92	90	91	90	88	91	88	88	87	93	93	91	91	91
Measles-containing (MCV)[d]	92	93	92	92	92	86	91	90	88	87	93	94	93	92	92
Hib (3 doses or more)[e]	93	95	95	95	94	87	92	93	92	89	94	96	95	95	95
Hepatitis B (3 doses or more)[f]	82	88	89	91	90	75	87	88	88	86	83	88	89	92	90
Varicella[g]	15	42	56	66	75	6	37	51	58	67	16	43	57	68	76
Black, non-Hispanic															
Combined series (4:3:1:3)[a]	74	73	74	71	71	70	72	72	69	69	78	74	77	72	74
Combined series (4:3:1)[b]	76	74	75	72	73	73	74	74	70	71	80	76	78	73	75
DTP (4 doses or more)[c]	79	77	79	76	76	75	77	78	75	74	82	79	83	78	78
Polio (3 doses or more)	90	88	87	87	85	88	88	86	85	84	92	87	88	87	86
Measles-containing (MCV)[d]	89	89	90	88	89	88	89	90	88	88	91	90	91	87	90
Hib (3 doses or more)[e]	90	90	92	93	90	87	90	91	92	87	92	90	94	93	91
Hepatitis B (3 doses or more)[f]	82	84	87	89	85	79	86	86	89	85	86	83	90	90	85
Varicella[g]	9	42	58	67	75	3	40	57	60	71	13	44	60	72	77
Hispanic[h]															
Combined series (4:3:1:3)[a]	71	75	75	73	77	68	73	73	70	73	74	79	78	74	79
Combined series (4:3:1)[b]	73	77	77	75	79	70	76	76	73	76	75	80	80	75	80
DTP (4 doses or more)[c]	77	81	80	79	83	73	79	78	76	79	79	83	82	80	83
Polio (3 doses or more)	89	89	89	88	91	88	90	89	88	90	90	90	90	87	91
Measles-containing (MCV)[d]	88	91	90	90	92	88	91	90	90	91	89	93	91	90	93
Hib (3 doses or more)[e]	89	92	92	91	93	88	92	91	88	91	90	94	95	93	94
Hepatitis B (3 doses or more)[f]	80	86	85	88	90	79	83	87	87	88	82	88	88	90	91
Varicella[g]	8	47	61	70	80	6	44	59	70	81	11	48	62	70	82

[a] The 4:3:1:3 combined series consists of 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), 3 doses of polio vaccine, 1 dose of a measles-containing vaccine(MCV), and 3 doses of *Haemophilus influenzae* type b (Hib) vaccine.

[b] The 4:3:1 combined series consists of 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), 3 doses of polio vaccine, and 1 dose of a measles-containing vaccine (MCV).

[c] Diphtheria and tetanus toxoids and pertussis vaccine (DTP).

[d] Respondents were asked about measles-containing vaccine, including MMR (measles-mumps-rubella) vaccines.

[e] *Haemophilus influenzae* type b (Hib) vaccine.

[f] The percentage of children ages 19 to 35 months of who received 3 doses of hepatitis B vaccine was low in 1994, because universal infant vaccination with a 3-dose series was not recommended until November 1991.

[g] Recommended in July 1996. Administered on or after the first birthday, unadjusted for history of varicella illness (chicken pox).

[h] Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program, National Immunization Survey.

Table HEALTH5 **Low birthweight: Percentage of infants born of low-birthweight by detailed mother's race and Hispanic origin, selected years 1980-2001**

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001
Low birthweight (less than 2,500 grams, about 5.5 pounds)										
Total	6.8	6.8	7.0	7.3	7.4	7.5	7.6	7.6	7.6	7.7
Race and Hispanic origin										
White, non-Hispanic	5.7	5.6	5.6	6.2	6.4	6.5	6.6	6.6	6.6	6.8
Black, non-Hispanic	12.7	12.6	13.3	13.2	13.1	13.1	13.2	13.2	13.1	13.1
Hispanic[a]	6.1	6.2	6.1	6.3	6.3	6.4	6.4	6.4	6.4	6.5
Mexican American	5.6	5.8	5.5	5.8	5.9	6.0	6.0	5.9	6.0	6.1
Puerto Rican	9.0	8.7	9.0	9.4	9.2	9.4	9.7	9.3	9.3	9.3
Cuban	5.6	6.0	5.7	6.5	6.5	6.8	6.5	6.8	6.5	6.5
Central and South American	5.8	5.7	5.8	6.2	6.0	6.3	6.5	6.4	6.3	6.5
Other and unknown Hispanic	7.0	6.8	6.9	7.5	7.7	7.9	7.6	7.6	7.8	8.0
Asian/Pacific Islander	6.7	6.2	6.5	6.9	7.1	7.2	7.4	7.4	7.3	7.5
Chinese	5.2	5.0	4.7	5.3	5.0	5.1	5.3	5.2	5.1	5.3
Japanese	6.6	6.2	6.2	7.3	7.3	6.8	7.5	7.9	7.1	7.3
Filipino	7.4	6.9	7.3	7.8	7.9	8.3	8.2	8.3	8.5	8.7
Hawaiian and part Hawaiian	7.2	6.5	7.2	6.8	6.8	7.2	7.2	7.7	6.8	7.9
Other Asian/Pacific Islander	6.8	6.2	6.6	7.1	7.4	7.5	7.8	7.8	7.7	7.8
American Indian/Alaska Native	6.4	5.9	6.1	6.6	6.5	6.8	6.8	7.1	6.8	7.3
Very low birthweight (less than 1,500 grams, about 3.25 pounds)										
Total	1.15	1.21	1.27	1.35	1.37	1.42	1.45	1.45	1.43	1.44
Race and Hispanic origin										
White, non-Hispanic	0.86	0.90	0.93	1.04	1.08	1.12	1.15	1.15	1.14	1.17
Black, non-Hispanic	2.46	2.66	2.93	2.98	3.02	3.05	3.11	3.18	3.10	3.08
Hispanic[a]	0.98	1.01	1.03	1.11	1.12	1.13	1.15	1.14	1.14	1.14
Mexican American	0.92	0.97	0.92	1.01	1.01	1.02	1.02	1.04	1.03	1.05
Puerto Rican	1.29	1.30	1.62	1.79	1.70	1.85	1.86	1.86	1.93	1.85
Cuban	1.02	1.18	1.20	1.19	1.35	1.36	1.33	1.49	1.21	1.27
Central and South American	0.99	1.01	1.05	1.13	1.14	1.17	1.23	1.15	1.20	1.19
Other and unknown Hispanic	1.01	0.96	1.09	1.28	1.48	1.35	1.38	1.32	1.42	1.27
Asian/Pacific Islander	0.92	0.85	0.87	0.91	0.99	1.05	1.10	1.08	1.05	1.03
Chinese	0.66	0.57	0.51	0.67	0.64	0.74	0.75	0.68	0.77	0.69
Japanese	0.94	0.84	0.73	0.87	0.81	0.78	0.84	0.86	0.75	0.71
Filipino	0.99	0.86	1.05	1.13	1.20	1.29	1.35	1.41	1.38	1.23
Hawaiian and part Hawaiian	1.05	1.03	0.97	0.94	0.97	1.41	1.53	1.41	1.39	1.50
Other Asian/Pacific Islander	0.96	0.91	0.92	0.91	1.04	1.07	1.12	1.09	1.04	1.06
American Indian/Alaska Native	0.92	1.01	1.01	1.10	1.21	1.19	1.24	1.26	1.16	1.26

[a] Persons of Hispanic origin may be of any race.

NOTE: Excludes live births with unknown birthweight. Low-birthweight infants weigh less than 2,500 grams at birth, about 5.5 pounds. Very-low-birthweight infants weigh less than 1,500 grams, about 3.25 pounds. Trend data for births to Hispanic and to White and Black, non-Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991-92, and all 50 States and DC from 1993 forward. Trend data for births to Asian/Pacific Islander and Hispanic women are also affected by immigration.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J., Martin, J.A., Curtin, S.C., Menacker, F., and Hamilton, B.E. (2001). Births: Final data for 1999. *National Vital Statistics Reports, 49* (1). Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F., and Park, M.M. (2002). Births: Final data for 2000. *National Vital Statistics Reports, 50* (5). Hyattsville, MD: National Center for Health Statistics.Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F., and Park, M.M. (2002). *National Vital Statistics Reports,* 50 (5), Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Ventura, S.J., Menaker, F., Park, M.M., and Sutton, P.D. (2002). Births: Final Data for 2001. *National Vital Statistics Reports, 51* (2). Hyattsville, MD: National Center for Health Statistics.

Table HEALTH6

Infant mortality: Death rates among infants by detailed race and Hispanic origin of mother, selected years 1983-2000

(Infant deaths per 1,000 live births)

Characteristic	1983	1985	1986	1987	1988	1989	1990	1991	1995[a]	1996[a]	1997[a]	1998[a]	1999[a]	2000[a]
Total	10.9	10.4	10.1	9.8	9.6	9.5	8.9	8.6	7.6	7.3	7.2	7.2	7.0	6.9
Race and Hispanic origin														
White, non-Hispanic	9.2	8.6	8.3	8.1	7.8	7.8	7.2	7.0	6.3	6.0	6.0	6.0	5.8	5.7
Black, non-Hispanic	19.1	18.3	18.0	17.5	18.0	18.0	16.9	16.6	14.7	14.2	13.7	13.9	14.1	13.6
Hispanic[b,c]	9.5	8.8	8.4	8.2	8.3	8.1	7.5	7.1	6.3	6.1	6.0	5.8	5.7	5.6
Mexican American	9.1	8.5	7.9	8.0	7.8	7.7	7.2	6.9	6.0	5.8	5.8	5.6	5.5	5.4
Puerto Rican	12.9	11.2	11.8	9.9	11.6	11.7	9.9	9.7	8.9	8.6	7.9	7.8	8.3	8.2
Cuban	7.5	8.5	7.6	7.1	7.3	6.2	7.2	5.2	5.3	5.1	5.5	3.6	4.7	4.5
Central and South American	8.5	8.0	7.7	7.7	7.2	7.4	6.8	5.9	5.5	5.0	5.5	5.3	4.7	4.6
Other and unknown Hispanic	10.6	9.5	9.2	8.7	9.1	8.4	8.0	8.2	7.4	7.7	6.2	6.5	7.2	6.9
Asian/Pacific Islander	8.3	7.8	7.8	7.3	6.8	7.4	6.6	5.8	5.3	5.2	5.0	5.5	4.8	4.9
Chinese	9.5	5.8	5.9	6.2	5.5	6.4	4.3	4.6	3.8	3.2	3.1	4.0	2.9	3.5
Japanese	*	6.0	7.2	6.6	7.0	6.0	5.5	4.2	5.3	4.2	5.3	3.5	3.4	4.6
Filipino	8.4	7.7	7.2	6.6	6.9	8.0	6.0	5.1	5.6	5.8	5.8	6.2	5.8	5.7
Hawaiian and part Hawaiian	11.2	9.9	11.9	12.2	9.2	11.4	8.0	7.6	6.6	5.6	9.0	10.0	7.1	9.1
Other Asian/Pacific Islander	8.1	8.5	8.3	7.6	7.0	7.3	7.4	6.3	5.5	5.7	5.0	5.7	5.1	4.8
American Indian/Alaska Native	15.2	13.1	13.9	13.0	12.7	13.4	13.1	11.3	9.0	10.0	8.7	9.3	9.3	8.3

* = number too small to calculate a reliable rate

[a] Beginning with data for 1995, rates are on a period basis. Earlier rates are on a cohort basis. Race-specific data for 1995-2000 are weighted to account for unmatched records.

[b] Persons of Hispanic origin may be of any race.

[c] Trend data for Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate, as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991, and all 50 States and DC from 1993 forward.

NOTE: Rates for race groups from the National Linked Files of Live Births and Infant Deaths vary slightly from those obtained via unlinked infant death records using the National Vital Statistics System because the race reported on the death certificate sometimes does not match the race on the infant's birth certificate. Rates obtained from linked data (where race is obtained from the birth, rather than the death, certificate) are considered more reliable, but linked data are not available before 1983 and are also not available for 1992-94.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Linked Files of Live Births and Infant Deaths.

Table HEALTH7.A

Child mortality: Death rates for children ages 1 to 4 by gender, race, Hispanic origin, and cause of death, selected years 1980-2000

(Deaths per 100,000 children in each group)

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000
Ages 1-4									
Total[a]	63.9	51.8	46.8	40.4	38.0	35.5	34.1	34.2	32.4
Gender									
Male	72.6	58.5	52.4	44.5	41.8	39.4	37.1	37.9	35.9
Female	54.7	44.8	41.0	36.0	34.0	31.5	31.0	30.3	28.7
Race and Hispanic origin[b]									
White	57.9	46.6	41.1	35.2	33.0	31.8	30.2	30.8	29.2
White, non-Hispanic[c]	-	45.3	37.6	34.2	32.4	31.5	29.8	30.1	28.5
Black	97.6	80.7	76.8	66.4	62.6	54.4	55.8	52.6	49.9
Hispanic[c,d]	-	46.1	43.5	36.3	32.9	30.7	29.4	30.9	29.6
Asian/Pacific Islander	43.2	40.1	38.6	26.5	26.6	26.9	20.1	24.9	21.6
Leading causes of death[e]									
Unintentional injuries	25.9	20.2	17.3	14.4	13.7	13.0	12.6	13.0	11.9
Cancer	4.5	3.8	3.5	3.1	2.7	2.8	2.4	2.7	2.7
Birth defects	8.0	5.9	6.1	4.4	4.1	3.8	3.7	3.6	3.2
Homicide	2.5	2.5	2.6	2.9	2.7	2.4	2.6	2.5	2.3
Heart disease	2.6	2.2	1.9	1.6	1.4	1.4	1.4	1.2	1.2
Pneumonia/influenza	2.1	1.6	1.2	1.0	1.1	1.2	0.9	0.8	0.7
Injury-related deaths by cause[e]									
All injuries (intentional and unintentional)	28.9	23.0	19.9	17.3	16.5	15.4	15.3	15.1	14.5
Motor vehicle traffic related	7.4	5.9	5.3	4.4	4.4	4.2	4.1	3.7	3.7
Drowning	5.7	4.4	3.9	3.5	3.1	3.1	3.4	3.3	3.3
Fire and burns	6.1	4.8	4.0	3.1	2.9	2.5	1.9	2.2	2.1
Firearms	0.7	0.7	0.6	0.6	0.5	0.5	0.5	0.4	0.3
Suffocation	1.9	1.4	1.3	1.3	1.3	1.1	1.2	1.2	1.2
Pedestrian (non-traffic)[f]	1.5	1.1	0.9	0.7	0.7	0.7	0.7	0.7	0.6
Fall	0.9	0.6	0.6	0.3	0.3	0.3	0.3	0.4	0.2

- = not available

[a] Total includes American Indians/Alaska Natives.

[b] Death rates for American Indians/Alaska Natives are not shown separately, because the numbers of deaths were too small for the calculation of reliable rates and American Indians are underreported on the death certificate.

[c] Trend data for Hispanics and White, non-Hispanics are affected by expansion of the reporting area in which an item on Hispanic origin is included on the death certificate, as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and health characteristics. Tabulations are restricted to a subset of the States that include the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 to those areas reporting Hispanic origin on at least 80 percent of records. The number of States in the reporting area increased from 15 in 1984 to 17 and the District of Columbia (DC) in 1985; 18 and DC in 1986-87; 26 and DC in 1988; 44 and DC in 1989; 45, New York State (excluding New York City), and DC in 1990; 47, New York State (excluding New York City), and DC in 1991; 48 and DC in 1992; and 49 and DC in 1993-96; complete reporting began in 1997. The population data in 1990 and 1991 do not exclude New York City.

[d] Persons of Hispanic origin may be of any race.

[e] Cause-of-death information for 1980-98 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999-2000 is classified according to the Tenth Revision of the International Classification of Diseases.

[f] Includes deaths occurring on private property. Pedestrian deaths on public roads are included in the motor vehicle traffic-related category.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Table HEALTH7.B

Child mortality: Death rates for children ages 5 to 14 by gender, race, Hispanic origin, and cause of death, selected years 1980-2000

(Deaths per 100,000 children in each group)

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000
Ages 5-14									
Total[a]	30.6	26.5	24.0	22.2	21.2	20.2	19.3	18.6	18.0
Gender									
Male	36.7	31.8	28.5	26.4	24.9	23.3	22.7	21.5	20.9
Female	24.2	21.0	19.3	17.9	17.4	17.0	15.8	15.6	15.0
Race and Hispanic origin[b]									
White	29.1	25.0	22.3	20.5	19.5	18.6	17.8	17.2	17.0
White, non-Hispanic[c]		23.1	21.5	20.1	19.2	18.8	17.9	17.3	17.1
Black	39.0	35.5	34.4	32.0	30.4	29.2	27.4	26.5	24.2
Hispanic[c,d]	–	19.3	20.0	19.9	19.1	16.0	16.0	15.6	15.7
Asian/Pacific Islander	24.2	20.8	16.9	17.5	14.7	16.0	15.6	12.7	12.3
Leading causes of death[e]									
Unintentional injuries	15.0	12.6	10.4	9.2	8.7	8.5	8.1	7.6	7.3
Cancer	4.3	3.5	3.1	2.7	2.6	2.6	2.5	2.5	2.5
Birth defects	1.6	1.4	1.5	1.2	1.2	1.1	0.9	1.0	1.0
Homicide	1.2	1.2	1.3	1.5	1.3	1.1	1.1	1.1	0.9
Heart disease	0.9	1.0	0.9	0.8	0.8	0.8	0.8	0.7	0.7
Pneumonia/influenza	0.6	0.4	0.4	0.3	0.3	0.4	0.3	0.2	0.2
Injury-related deaths by cause[e]									
All injuries (intentional and unintentional)	16.7	14.7	12.7	11.5	10.8	10.4	10.1	9.4	9.1
Motor vehicle traffic related	7.5	6.6	5.6	5.1	4.8	4.7	4.4	4.1	4.0
Drowning	2.5	1.8	1.5	1.2	1.2	1.1	1.1	0.9	0.9
Fire and burns	1.5	1.4	1.0	0.9	0.9	0.8	0.8	0.7	0.7
Firearms	1.6	1.8	1.9	1.9	1.5	1.4	1.3	1.0	0.9
Suffocation	0.9	0.9	0.8	0.8	0.8	0.8	0.9	0.8	0.8
Pedestrian (non-traffic)[f]	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2
Fall	0.3	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1

– = not available

[a] Total includes American Indians/Alaska Natives.

[b] Death rates for American Indians/Alaska Natives are not shown separately, because the numbers of deaths were too small for the calculation of reliable rates and American Indians are underreported on the death certificate.

[c] Trend data for Hispanics and White, non-Hispanics are affected by expansion of the reporting area in which an item on Hispanic origin is included on the death certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and health characteristics. Tabulations are restricted to a subset of the States that include the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 to those areas reporting Hispanic origin on at least 80 percent of records. The number of States in the reporting area increased from 15 in 1984 to 17 and the District of Columbia (DC) in 1985; 18 and DC in 1986-87; 26 and DC in 1988; 44 and DC in 1989; 45, New York State (excluding New York City), and DC in 1990; 47, New York State (excluding New York City), and DC in 1991; 48 and DC in 1992; and 49 and DC in 1993-96; complete reporting began in 1997. The population data in 1990 and 1991 do not exclude New York City.

[d] Persons of Hispanic origin may be of any race.

[e] Cause-of-death information for 1980-98 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999-2000 is classified according to the Tenth Revision of the International Classification of Diseases.

[f] Includes deaths occurring on private property. Pedestrian deaths on public roads are included in the motor vehicle traffic-related category.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Table HEALTH8 Adolescent mortality: Death rates among adolescents ages 15 to 19 by gender, race, Hispanic origin, and cause of death,[a] selected years 1980-2000

(Deaths per 100,000 adolescents ages 15-19)

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000
Total, all races									
All causes	97.9	80.5	88.4	82.1	77.5	73.6	69.5	68.6	67.1
Injuries	78.1	62.8	71.4	65.0	61.5	57.5	54.2	52.7	51.6
Motor vehicle traffic	42.3	33.1	33.0	27.8	27.8	26.5	25.6	25.3	25.3
All firearm	14.7	13.3	23.5	24.1	20.9	18.5	16.0	14.4	12.9
Firearm homicide	7.0	5.7	14.0	15.3	13.1	11.5	9.6	8.5	7.7
Firearm suicide	5.4	6.0	7.5	6.9	6.1	5.9	5.5	4.9	4.4
Males									
White, non-Hispanic									
All causes	–	105.1	105.7	94.9	91.2	90.8	88.1	87.1	86.1
Injuries	–	86.2	87.5	76.4	74.3	72.8	71.1	69.2	69.4
Motor vehicle traffic	–	47.6	46.9	38.0	39.0	37.3	36.8	35.9	36.7
All firearm	–	17.0	20.4	19.7	16.7	16.6	15.4	14.2	12.3
Firearm homicide	–	3.7	3.9	4.4	3.6	4.3	3.4	3.0	2.5
Firearm suicide	–	10.5	13.3	12.5	10.9	10.6	10.5	9.7	8.6
Black									
All causes	134.5	125.5	199.9	200.1	183.2	162.5	147.7	137.7	130.1
Injuries	105.3	96.7	174.1	169.4	156.0	137.5	121.2	110.8	103.0
Motor vehicle traffic	24.3	21.9	28.6	28.6	27.7	28.4	25.2	24.1	22.5
All firearm	46.7	46.5	119.8	118.9	107.7	89.6	74.6	67.1	61.5
Firearm homicide	38.4	36.6	105.2	101.4	91.7	77.2	63.7	56.3	51.7
Firearm suicide	3.4	5.4	8.8	10.5	9.1	8.3	7.5	7.0	6.9
Hispanic[b]									
All causes	–	121.3	131.4	124.9	111.8	98.4	90.1	87.8	90.5
Injuries	–	103.7	115.9	109.5	95.8	83.2	76.6	73.6	75.9
Motor vehicle traffic	–	42.8	40.7	29.0	29.0	25.5	24.8	26.0	29.4
All firearm	–	31.2	51.7	60.1	48.3	41.4	33.8	29.5	27.9
Firearm homicide	–	20.9	39.7	47.1	38.1	30.5	25.8	22.9	21.9
Firearm suicide	–	6.7	8.6	9.1	6.7	7.8	5.5	5.0	4.6
American Indian/Alaska Native									
All causes	248.3	167.5	183.7	147.8	139.8	144.5	116.0	128.8	122.2
Injuries	222.7	148.4	157.2	133.5	123.8	129.3	106.2	118.0	108.5
Motor vehicle traffic	107.9	66.3	63.3	52.9	45.5	58.3	42.9	46.8	47.4
All firearm	40.6	29.2	29.6	43.9	39.6	35.1	35.4	30.2	22.0
Firearm homicide	*	*	*	19.7	*	*	*	*	*
Firearm suicide	26.7	*	*	*	24.4	19.2	21.8	15.8	*
Asian/Pacific Islander									
All causes	69.1	57.8	73.1	65.2	61.2	52.8	51.1	50.2	51.0
Injuries	53.5	47.4	62.3	51.9	52.0	39.8	39.1	37.8	39.1
Motor vehicle traffic	25.5	21.0	24.1	14.4	20.2	11.7	13.4	12.9	14.7
All firearm	*	9.2	22.2	26.9	18.1	17.4	13.2	10.9	8.8
Firearm homicide	*	*	12.6	18.6	12.9	13.4	9.7	7.5	5.7
Firearm suicide	*	*	8.3	6.1	*	*	*	*	*

Table HEALTH8 (cont.) Adolescent mortality: Death rates among adolescents ages 15 to 19 by gender, race, Hispanic origin, and cause of death,[a] selected years 1980-2000

(Deaths per 100,000 adolescents ages 15-19)

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000
Females									
White, non-Hispanic									
All causes-		46.4	44.2	43.6	42.4	43.8	42.1	42.4	41.0
Injuries	–	33.7	32.3	31.8	30.9	31.8	30.5	30.3	29.3
Motor vehicle traffic	–	22.5	22.6	22.5	21.9	22.5	22.1	21.6	20.8
All firearm	–	3.8	3.9	3.6	3.4	3.3	2.8	2.3	2.2
Firearm homicide	–	1.1	1.3	1.7	1.3	1.3	1.0	0.9	0.9
Firearm suicide	–	2.2	2.2	1.7	1.9	1.9	1.6	1.3	1.2
Black									
All causes	50.3	44.6	54.4	55.1	52.3	47.8	42.3	45.2	43.7
Injuries	25.5	22.9	30.8	31.9	30.1	26.2	22.4	24.9	22.5
Motor vehicle traffic	6.6	7.5	9.7	10.5	12.0	10.1	8.3	11.0	10.0
All firearm	7.5	6.1	12.1	13.9	11.5	9.0	7.8	8.2	5.7
Firearm homicide	6.2	5.0	10.4	12.1	9.7	7.3	6.6	7.0	4.9
Firearm suicide	0.6	0.7	*	1.6	*	*	*	*	*
Hispanic[b]									
All causes	–	33.6	35.2	35.3	32.7	31.0	30.4	30.5	28.7
Injuries	–	20.7	22.7	23.0	20.5	19.8	20.3	19.6	18.4
Motor vehicle traffic	–	10.7	10.4	12.1	10.4	11.6	11.4	10.9	10.7
All firearm	–	4.5	6.8	5.7	3.9	4.3	4.0	3.6	2.7
Firearm homicide	–	*	4.9	4.5	2.2	3.0	2.6	2.6	2.0
Firearm suicide	–	*	*	*	*	*	*	*	*
American Indian/Alaska Native									
All causes	77.4	69.9	73.1	56.3	52.9	48.4	41.8	49.9	52.8
Injuries	64.3	56.8	61.1	43.2	40.6	35.0	34.7	37.8	44.9
Motor vehicle traffic	41.7	29.6	34.9	27.2	21.2	20.9	20.5	21.2	26.8
All firearm	*	*	*	*	*	*	*	*	*
Firearm homicide	*	*	*	*	*	*	*	*	*
Firearm suicide	*	*	*	*	*	*	*	*	*
Asian/Pacific Islander									
All causes	26.7	32.1	25.8	28.1	26.0	27.5	24.5	25.2	20.6
Injuries	16.7	19.3	18.2	19.4	17.5	17.6	15.7	15.5	11.9
Motor vehicle traffic	*	*	10.9	12.5	8.0	11.9	9.3	8.7	5.5
All firearm	*	*	*	*	*	*	*	*	*
Firearm homicide	*	*	*	*	*	*	*	*	*
Firearm suicide	*	*	*	*	*	*	*	*	*

– = not available

* = number too small to calculate a reliable rate

[a] Cause-of-death information for 1980-98 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999 and 2000 is classified according to the Tenth Revision of the International Classification of Diseases.

[b] Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Table HEALTH9 **Adolescent births: Birth rates by mother's age, race, and Hispanic origin, selected years 1980-2001**

(Live births per 1,000 females in specified age group)

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001
All races										
Ages 10-14	1.1	1.2	1.4	1.3	1.2	1.1	1.0	0.9	0.9	0.8
Ages 15-17	32.5	31.0	37.5	35.5	33.3	31.4	29.9	28.2	26.9	24.7
Ages 18-19	82.1	79.6	88.6	87.7	84.7	82.1	80.9	79.1	78.1	76.1
Ages 15-19	53.0	51.0	59.9	56.0	53.5	51.3	50.3	48.8	47.7	45.3
White, total										
Ages 10-14	0.6	0.6	0.7	0.8	0.7	0.7	0.6	0.6	0.6	0.5
Ages 15-17	25.5	24.4	29.5	29.7	28.0	26.6	25.6	24.5	23.3	21.4
Ages 18-19	73.2	70.4	78.0	80.0	77.4	74.8	73.9	72.8	72.3	70.8
Ages 15-19	45.4	43.3	50.8	49.5	47.5	45.5	44.9	44.0	43.2	41.2
White, non-Hispanic										
Ages 10-14	0.4	–	0.5	0.4	0.4	0.4	0.3	0.3	0.3	0.3
Ages 15-17	22.4	–	23.2	22.0	20.6	19.4	18.4	17.1	15.8	14.0
Ages 18-19	67.7	–	66.6	65.9	63.8	61.9	60.8	59.3	57.5	54.8
Ages 15-19	41.2	–	42.5	39.3	37.6	36.0	35.3	34.1	32.6	30.3
Black, total										
Ages 10-14	4.3	4.5	4.9	4.1	3.5	3.1	2.8	2.5	2.3	2.0
Ages 15-17	72.5	69.3	82.3	68.6	63.4	59.4	55.5	50.7	49.0	43.9
Ages 18-19	135.1	132.4	152.9	134.6	130.1	127.4	124.3	120.1	118.8	114.0
Ages 15-19	97.8	95.4	112.8	94.4	89.6	86.3	83.5	79.1	77.4	71.8
Black, non-Hispanic										
Ages 10-14	4.6	–	5.0	4.2	3.6	3.2	2.9	2.6	2.4	2.1
Ages 15-17	77.2	–	84.9	70.6	65.0	60.9	57.0	52.0	50.1	44.9
Ages 18-19	146.5	–	157.5	138.5	133.4	130.4	127.4	123.1	121.9	116.7
Ages 15-19	105.1	–	116.2	97.2	91.9	88.3	85.7	81.0	79.2	73.5
Hispanic[a]										
Ages 10-14	1.7	–	2.4	2.6	2.4	2.1	1.9	1.9	1.7	1.6
Ages 15-17	52.1	–	65.9	67.9	64.1	61.0	58.4	56.9	55.5	52.8
Ages 18-19	126.9	–	147.7	146.7	140.5	132.9	131.7	129.8	132.6	135.5
Ages 15-19	82.2	–	100.3	99.3	94.6	89.6	87.9	86.8	87.3	86.4
American Indian/Alaska Native										
Ages 10-14	1.9	1.7	1.6	1.6	1.6	1.5	1.5	1.4	1.1	1.0
Ages 15-17	51.5	47.7	48.5	44.7	42.7	41.1	39.8	36.5	34.1	31.4
Ages 18-19	129.5	124.1	129.3	121.8	112.9	106.8	106.5	97.9	97.1	94.8
Ages 15-19	82.2	79.2	81.1	72.9	68.2	65.2	64.7	59.9	58.3	56.3
Asian/Pacific Islander										
Ages 10-14	0.3	0.4	0.7	0.7	0.6	0.5	0.5	0.4	0.3	0.2
Ages 15-17	12.0	12.5	16.0	15.1	14.3	13.5	13.2	11.8	11.6	10.3
Ages 18-19	46.2	40.8	40.2	42.2	38.6	37.0	36.9	36.5	32.6	32.8
Ages 15-19	26.2	23.8	26.4	25.5	23.5	22.3	22.2	21.4	20.5	19.8

– = not available

[a] Persons of Hispanic origin may be of any race. Trend data for Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991-92, and 50 and DC in 1993. Rates in 1981-88 were not calculated for Hispanics, black, non-Hispanics, and white, non-Hispanics because estimates for these populations were not available. Recent declines in teenage birth rates parallel but outpace the reductions in birth rates for unmarried teenagers (POP7A). Birth rates for married teenagers fell sharply between 1990 and 2001, but relatively few teenagers are married.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Hamilton, B.E., Sutton, P.D., and Ventura, S.J. (2003). Revised birth and fertility rates for the 1990s: United States, and new rates for Hispanic populations, 2000 and 2001. *National Vital Statistics Reports, 51*. (In preparation.) Hyattsville, MD: National Center for Health Statistics. Ventura S.J., Hamilton, B.E., and Sutton, P.D. (2003). Revised birth and fertility rates for the United States, 2000 and 2001. *National Vital Statistics Reports, 51* (4). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E. ,Ventura, S.J., Menacker, F., Park, M.M., and Sutton, P.D. (2002). Births: Final data for 2001. *National Vital Statistics Reports, 51* (2). Hyattsville, MD: National Center for Health Statistics.

Table BEH1

Regular cigarette smoking: Percentage of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the previous 30 days by grade, gender, race, and Hispanic origin, selected years 1980-2002

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001	2002
8th-graders											
Total	–	–	–	9.3	10.4	9.0	8.8	8.1	7.4	5.5	5.1
Gender											
Male	–	–	–	9.2	10.5	9.0	8.1	7.4	7.0	5.9	5.4
Female	–	–	–	9.2	10.1	8.7	9.0	8.4	7.5	4.9	4.9
Race and Hispanic origin[a]											
White, non-Hispanic	–	–	–	10.5	11.7	11.4	10.4	9.7	9.0	7.5	6.0
Black, non-Hispanic	–	–	–	2.8	3.2	3.7	3.8	3.8	3.2	2.8	2.8
Hispanic[b]	–	–	–	9.2	8.0	8.1	8.4	8.5	7.1	5.0	4.4
10th-graders											
Total	–	–	–	16.3	18.3	18.0	15.8	15.9	14.0	12.2	10.1
Gender											
Male	–	–	–	16.3	18.1	17.2	14.7	15.6	13.7	12.4	9.4
Female	–	–	–	16.1	18.6	18.5	16.8	15.9	14.1	11.9	10.8
Race and Hispanic origin[a]											
White, non-Hispanic	–	–	–	17.6	20.0	21.4	20.3	19.1	17.7	15.5	13.3
Black, non-Hispanic	–	–	–	4.7	5.1	5.6	5.8	5.3	5.2	5.2	5.0
Hispanic[b]	–	–	–	9.9	11.6	10.8	9.4	9.1	8.8	7.4	6.4
12th-graders											
Total	21.3	19.5	19.1	21.6	22.2	24.6	22.4	23.1	20.6	19.0	16.9
Gender											
Male	18.5	17.8	18.6	21.7	22.2	24.8	22.7	23.6	20.9	18.4	17.2
Female	23.5	20.6	19.3	20.8	21.8	23.6	21.5	22.2	19.7	18.9	16.1
Race and Hispanic origin[a]											
White, non-Hispanic	23.9	20.4	21.8	23.9	25.4	27.8	28.3	26.9	25.7	23.8	21.8
Black, non-Hispanic	17.4	9.9	5.8	6.1	7.0	7.2	7.4	7.7	8.0	7.5	6.4
Hispanic[b]	12.8	11.8	10.9	11.6	12.9	14.0	13.6	14.0	15.7	12.0	9.2

– = not available

[a] Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[b] Persons of Hispanic origin may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2002). *Monitoring the Future National Survey Results on Drug Use, 1975-2001 Volume I: Secondary School Students* (NIH Pub. No. 02-5106). Bethesda, MD: National Institute on Drug Abuse. Tables D-48 and D-49. Data for 2002 are from press release of December 16, 2002, and unpublished tabulations from Monitoring the Future, University of Michigan.

Table BEH2

Alcohol use: Percentage of 8th-, 10th-, and 12th-grade students who reported having five or more drinks in a row in the past 2 weeks by grade, gender, race, and Hispanic origin, selected years 1980-2002

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001	2002
8th-graders											
Total	–	–	–	14.5	15.6	14.5	13.7	15.2	14.1	13.2	12.4
Gender											
Male	–	–	–	15.1	16.5	15.3	14.4	16.4	14.4	13.7	12.5
Female	–	–	–	13.9	14.5	13.5	12.7	13.9	13.6	12.4	12.1
Race and Hispanic origin[a]											
White, non-Hispanic	–	–	–	13.9	15.1	15.1	14.1	14.3	14.9	13.8	12.7
Black, non-Hispanic	–	–	–	10.8	10.4	9.8	9.0	9.9	10.0	9.0	9.4
Hispanic[b]	–	–	–	22.0	21.0	20.7	20.4	20.9	19.1	17.6	17.8
10th-graders											
Total	–	–	–	24.0	24.8	25.1	24.3	25.6	26.2	24.9	22.4
Gender											
Male	–	–	–	26.3	27.2	28.6	26.7	29.7	29.8	28.6	23.8
Female	–	–	–	21.5	22.3	21.7	22.2	21.8	22.5	21.4	21.0
Race and Hispanic origin[a]											
White, non-Hispanic	–	–	–	25.4	26.2	26.9	27.0	27.2	28.1	27.4	25.5
Black, non-Hispanic	–	–	–	13.3	12.2	12.7	12.8	12.7	12.9	12.6	12.4
Hispanic[b]	–	–	–	26.8	29.6	27.5	26.3	27.5	28.3	27.7	26.5
12th-graders											
Total	41.2	36.7	32.2	29.8	30.2	31.3	31.5	30.8	30.0	29.7	28.6
Gender											
Male	52.1	45.3	39.1	36.9	37.0	37.9	39.2	38.1	36.7	36.0	34.2
Female	30.5	28.2	24.4	23.0	23.5	24.4	24.0	23.6	23.5	23.7	23.0
Race and Hispanic origin[a]											
White, non-Hispanic	44.3	41.5	36.6	32.3	33.4	35.1	36.4	35.7	34.6	34.5	33.7
Black, non-Hispanic	17.7	15.7	14.4	14.9	15.3	13.4	12.3	12.3	11.5	11.8	11.5
Hispanic[b]	33.1	31.7	25.6	26.6	27.1	27.6	28.1	29.3	31.0	28.4	26.4

– = not available

[a] Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[b] Persons of Hispanic origin may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2002). *Monitoring the Future national survey results on drug use, 1975-2001 Volume I: Secondary School Students* (NIH Publication No. 02-5106). Bethesda, MD: National Institute on Drug Abuse. Tables D-44 and D-45. Data for 2002 are from a press release of December 16, 2002 and unpublished tabulations from Monitoring the Future, University of Michigan.

Table BEH3

Illicit drug use: Percentage of 8th-, 10th-, and 12th-grade students who have used illicit drugs in the previous 30 days by grade, gender, race, and Hispanic origin, selected years 1980-2002

Characteristic	1980[a]	1985	1990	1995	1996	1997	1998	1999	2000	2001	2002
8th-graders											
Total	–	–	–	12.4	14.6	12.9	12.1	12.2	11.9	11.7	10.4
Gender											
Male	–	–	–	12.7	14.6	13.3	11.9	12.6	12.0	13.2	11.2
Female	–	–	–	11.9	14.1	12.3	11.9	11.7	11.3	9.9	9.5
Race and Hispanic origin[b]											
White, non-Hispanic	–	–	–	10.9	13.2	13.7	12.4	11.3	11.2	11.2	10.6
Black, non-Hispanic	–	–	–	9.1	10.5	10.8	10.2	11.1	10.8	9.6	9.1
Hispanic[c]	–	–	–	16.7	16.5	15.9	15.9	17.0	15.2	15.0	15.3
10th-graders											
Total	–	–	–	20.2	23.2	23.0	21.5	22.1	22.5	22.7	20.8
Gender											
Male	–	–	–	21.1	24.3	24.8	22.5	23.7	25.4	24.9	21.7
Female	–	–	–	19.0	21.9	21.0	20.5	20.4	19.5	20.5	19.8
Race and Hispanic origin[b]											
White, non-Hispanic	–	–	–	19.7	22.4	23.8	23.1	22.6	23.0	23.4	22.9
Black, non-Hispanic	–	–	–	15.5	17.0	17.7	16.4	15.8	17.0	17.6	16.2
Hispanic[c]	–	–	–	20.6	22.5	24.2	24.2	23.8	23.7	23.3	21.4
12th-graders											
Total	37.2	29.7	17.2	23.8	24.6	26.2	25.6	25.9	24.9	25.7	25.4
Gender											
Male	39.6	32.1	18.9	26.8	27.5	28.7	29.1	28.6	27.5	28.4	28.5
Female	34.3	26.7	15.2	20.4	21.2	23.2	21.6	22.7	22.1	22.6	21.8
Race and Hispanic origin[b]											
White, non-Hispanic	38.8	30.2	20.5	23.8	24.8	26.4	27.5	27.0	25.9	26.5	27.2
Black, non-Hispanic	28.8	22.9	9.0	18.3	19.7	20.0	19.4	20.2	20.3	18.7	18.2
Hispanic[c]	33.1	27.2	13.9	21.4	22.6	23.9	24.1	24.4	27.4	25.3	23.4

– = not available

[a] Beginning in 1982, the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of nonprescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

[b] Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[c] Persons of Hispanic origin may be of any race.

NOTE: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including LSD, PCP, and ecstasy [MDMA]), amphetamines (including methamphetamine), and nonmedical use of psychotherapeutics.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2002). *Monitoring the Future national survey results on drug use, 1975-2001 Volume I: Secondary School Students* (NIH Publication No. 02-5106). Bethesda, MD: National Institute on Drug Abuse Tables 2-2 and 5-3. Data for 2002 are from a press release of December 16, 2002, and demographic disaggregations are from unpublished tabulations from Monitoring the Future, University of Michigan.

Table BEH4.A

Youth victims of serious violent crimes: Number and rate of victimizations for youth ages 12 to 17 by age, race, and gender, selected years 1980-2000

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000
Rate per 1,000 youth ages 12-17									
Age									
12-17	37.6	34.3	43.2	28.3	30.3	27.1	24.6	20.4	16.3
12-14	33.4	28.1	41.2	26.7	24.9	23.5	20.4	20.4	13.7
15-17	41.4	40.3	45.2	30.0	35.8	30.7	28.6	20.5	19.0
Race									
White	34.1	34.4	37.0	25.5	27.7	27.6	24.2	18.7	15.4
Black	60.2	35.2	77.0	44.5	43.4	30.4	31.0	32.0	23.4
Other	21.7	28.8	37.3	23.7	31.2	9.7	11.7	13.2	7.6
Gender									
Male	54.8	49.8	60.5	39.0	40.4	33.1	32.2	26.8	22.8
Female	19.7	18.2	24.9	17.0	19.7	20.7	16.5	13.7	9.5
Number of victimizations of youth ages 12-17									
Age									
12-17	877,104	742,815	866,272	633,301	687,638	622,242	569,935	477,682	393,056
12-14	364,437	295,972	412,125	303,287	281,992	266,461	233,500	237,031	166,057
15-17	512,667	446,843	454,147	330,014	405,646	355,781	336,435	240,651	226,999
Race									
White	658,539	606,739	593,596	451,830	498,628	502,846	444,663	344,896	293,365
Black	206,227	113,960	238,141	154,013	152,095	107,541	110,314	115,612	91,229
Other	12,292	22,111	34,523	27,445	36,902	11,845	14,953	17,165	8,456
Gender									
Male	651,976	550,860	623,509	447,695	471,282	390,870	383,546	322,259	280,879
Female	225,127	191,955	242,763	185,606	216,356	231,372	186,389	155,422	112,177

NOTE: Serious violent crimes include aggravated assault, rape, robbery, and homicide. Aggravated assault is an attack with a weapon, regardless of whether or not an injury occurred, or an attack without a weapon when serious injury resulted. Robbery is stealing by force or threat of force. Because of changes in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Victimization rates were calculated using population estimates from the U.S. Census Bureau's Current Population Reports. Such population estimates normally differ somewhat from population estimates derived from the victimization survey data. The rates may therefore differ marginally from rates based upon the victimization survey-derived population estimates. The preliminary data for 2000 do not include final homicide estimates. Revised numbers that reflect the final homicide estimates will be available at a later time on the Forum's website (*http://childstats.gov*). Rates may also be revised to reflect final U.S. Census Bureau population estimates for 1990-2000.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey, and Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

Table BEH4.B

Serious violent juvenile crime rate: Number and rate of serious crimes involving youth ages 12 to 17, selected years 1980-2000

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000
Rate per 1,000 youth ages 12-17									
Total	34.9	30.2	39.1	36.3	35.5	30.7	26.5	26.1	17.2
Number of serious violent crimes									
Total (in millions)	3.8	3.4	3.5	3.3	3.3	3.0	2.8	2.5	2.2
Number involving youth ages 12-17 (in thousands)	812	652	785	812	805	706	616	610	413
Percentage involving youth ages 12-17	21.3	19.4	22.4	24.7	24.7	23.2	22.2	24.1	18.8
Percentage of juvenile crimes involving multiple offenders	61.4	61.4	61.1	54.5	53.1	53.4	52.9	47.1	58.6

NOTE: This rate is the ratio of number of crimes (aggravated assault, rape, and robbery; i.e., stealing by force or threat of violence) reported to the National Crime Victimization Survey for which the age of the offenders was known or perceived to be 12 to 17 years of age, plus the number of homicides reported to police that involved at least one juvenile offender 12 to 17 years of age, to the number of juveniles in the population. Because of changes in the victimization survey, data prior to 1992 are adjusted to make them comparable to data collected under the redesigned methodology. Preliminary data for 2000 do not include final homicide estimates. Revised numbers that reflect the final homicide estimates will be available at a later time on the Forum's website (*http://childstats.gov*). Rates may also be revised to reflect final U.S. Census Bureau population estimates for 1990-2000.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey, and Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

Table ED1

Family reading: Percentage of children ages 3 to 5[a] who were read to every day in the last week by a family member by child and family characteristics, selected years 1993-2001

Characteristic	1993	1995	1996	1999	2001
Total	53	58	57	54	58
Gender					
Male	51	57	56	52	55
Female	54	59	57	55	61
Race and Hispanic origin					
White, non-Hispanic	59	65	64	61	64
Black, non-Hispanic	39	43	44	41	48
Hispanic[b]	37	38	39	33	42
Other, non-Hispanic	–	–	–	–	59
Poverty status[c]					
Below poverty	44	48	46	38	48
At or above poverty	56	62	61	58	61
Family type[d]					
Two parents	55	61	61	58	61
One or no parent	46	49	46	43	48
Mother's highest level of education[e]					
Less than high school graduate	37	40	37	39	42
High school graduate/GED	48	48	49	45	49
Vocational/technical or some college	57	64	62	53	60
College graduate	71	76	77	71	73
Mother's employment status[e,f]					
Worked 35 hours or more per week	52	55	54	49	55
Worked less than 35 hours per week	56	63	59	56	63
Looking for work	–	–	–	–	56
Not in labor force	55	60	59	60	58

– = not available

[a] Estimates are based on children who have yet to enter kindergarten.

[b] Persons of Hispanic origin may be of any race.

[c] Poverty estimates for 1993 are not comparable to later years because respondents were not asked for exact household income.

[d] Refers to adults' relationship to child and does not indicate marital status.

[e] Children without mothers in the home are not included in estimates dealing with mother's education or mother's employment status.

[f] Unemployed mothers are not shown separately but are included in the total.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

Table ED2

Early childhood care and education: Percentage of children ages 3 to 5[a] who are enrolled in center-based early childhood care and education programs[b] by child and family characteristics, selected years 1991-2001

Characteristic	1991	1993	1995	1996	1999	2001
Total	53	53	55	55	60	56
Gender						
Male	52	53	55	55	61	54
Female	53	53	55	55	59	59
Race and Hispanic origin						
White, non-Hispanic	54	54	57	57	60	59
Black, non-Hispanic	58	57	60	65	73	64
Hispanic[c]	39	43	37	39	44	40
Other, non-Hispanic	53	51	57	45	66	61
Poverty status[d]						
Below poverty	44	49	45	44	52	47
At or above poverty	56	53	59	59	62	59
Family type						
Two parents	50	52	55	54	59	57
One or no parent	54	54	56	58	62	56
Mother's highest level of education[e]						
Less than high school graduate	32	33	35	37	40	38
High school graduate/GED	46	43	48	49	52	47
Vocational/technical or some college	60	60	57	58	63	62
College graduate	72	73	75	73	74	70
Mother's employment status[e]						
Worked 35 hours or more per week	59	61	60	63	65	63
Worked less than 35 hours per week	58	57	62	64	64	61
Looking for work	43	48	52	47	55	47
Not in labor force	45	44	47	43	52	47

[a] Estimates are based on children who have yet to enter kindergarten.

[b] Center-based programs include day care centers, Head Start programs, preschool, nursery school, prekindergarten, and other early childhood programs.

[c] Persons of Hispanic origin may be of any race.

[d] Poverty estimates for 1991 and 1993 are not comparable to later years because respondents were not asked for exact household income.

[e] Children without mothers in the home are not included in estimates dealing with mother's education or mother's employment status.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

Table ED3.A **Mathematics achievement: Average scale scores of students ages 9, 13, and 17 by age and child and family characteristics, selected years 1982-99**

Characteristic	1982	1986	1990	1992	1994	1996	1999
Age 9							
Total	219	222	230	230	231	231	232
Gender							
Male	217	222	229	231	232	233	233
Female	221	222	230	228	230	229	231
Race and Hispanic origin							
White, non-Hispanic	224	227	235	235	237	237	239
Black, non-Hispanic	195	202	208	208	212	212	211
Hispanic[a]	204	205	214	212	210	215	213
Age 13							
Total	269	269	270	273	274	274	276
Gender							
Male	269	270	271	274	276	276	277
Female	268	268	270	272	273	272	275
Race and Hispanic origin							
White, non-Hispanic	274	274	276	279	281	281	283
Black, non-Hispanic	240	249	249	250	252	252	251
Hispanic[a]	252	254	255	259	256	256	259
Parents' education							
Less than high school	251	252	253	256	255	254	256
Graduated high school	263	263	263	263	266	267	264
Some education after high school	275	274	277	278	277	278	279
Graduated college	282	280	280	283	285	283	286
Age 17							
Total	299	302	305	307	306	307	308
Gender							
Male	302	305	306	309	309	310	310
Female	296	299	303	305	304	305	307
Race and Hispanic origin							
White, non-Hispanic	304	308	310	312	312	313	315
Black, non-Hispanic	272	279	289	286	286	286	283
Hispanic[a]	277	283	284	292	291	292	293
Parents' education							
Less than high school	279	279	285	286	284	281	289
Graduated high school	293	293	294	298	295	297	299
Some education after high school	304	305	308	308	305	307	308
Graduated college	312	314	316	316	318	317	317

[a] Persons of Hispanic origin may be of any race.

NOTE: Parents' level of education is the highest educational attainment of either parent. Data on parents' level of education are not reliable for 9-year-olds.

The mathematics proficiency scale ranges from 0 to 500:
Level 150: Simple arithmetic facts
Level 200: Beginning skills and understandings
Level 250: Numerical operations and beginning problem solving
Level 300: Moderately complex procedures and reasoning
Level 350: Multi-step problem solving and algebra

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *NAEP 1999 trends in academic progress.*

Table ED3.B Reading achievement: Average scale scores of students ages 9, 13, and 17 by age and child and family characteristics, selected years 1980-99

Characteristic	1980	1984	1988	1990	1992	1994	1996	1999
Age 9								
Total	215	211	212	209	211	211	213	212
Gender								
Male	210	208	208	204	206	207	207	209
Female	220	214	216	215	215	215	218	215
Race and Hispanic origin								
White, non-Hispanic	221	218	218	217	218	218	220	221
Black, non-Hispanic	189	186	189	182	185	185	191	186
Hispanic[a]	190	187	194	189	192	186	195	193
Age 13								
Total	259	257	258	257	260	258	258	259
Gender								
Male	254	253	252	251	254	251	251	254
Female	263	262	263	263	265	266	264	265
Race and Hispanic origin								
White, non-Hispanic	264	263	261	262	266	265	266	267
Black, non-Hispanic	233	236	243	242	238	234	234	238
Hispanic[a]	237	240	240	238	239	235	238	244
Parents' education								
Less than high school	239	240	247	241	239	237	239	238
Graduated high school	254	253	253	251	252	251	251	251
Some education after high school	271	268	265	267	270	269	269	270
Age 17								
Total	286	289	290	290	290	288	288	288
Gender								
Male	282	284	286	284	284	282	281	282
Female	289	294	294	297	296	295	295	295
Race and Hispanic origin								
White, non-Hispanic	293	295	295	297	297	296	295	295
Black, non-Hispanic	243	264	274	267	261	266	266	264
Hispanic[a]	261	268	271	275	271	263	265	271
Parents' education								
Less than high school	262	269	267	270	271	268	267	265
Graduated high school	278	281	282	283	281	276	273	274
Some education after high school	299	301	300	300	299	299	298	298

[a] Persons of Hispanic origin may be of any race.

NOTE: Parents' level of education is the highest educational attainment of either parent. Data on parents' level of education are not reliable for 9-year-olds.

The reading proficiency scale has a range from 0 to 500:

Level 150: Simple, discrete reading tasks
Level 200: Partial skills and understanding
Level 250: Interrelates ideas and makes generalizations
Level 300: Understands complicated information
Level 350: Learns from specialized reading materials

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *NAEP 1999 trends in academic progress.*

Table ED4.A

High school academic coursetaking: Percentage distribution of high school graduates by the highest level of advanced mathematics courses taken, selected years 1982-2000

Characteristic	1982	1987	1990	1992	1994	1998	2000
Non-or low academic							
Total	24.1	19.5	17.2	12.5	11.8	8.9	6.5
Middle academic							
Total	48.8	50.1	51.6	49.0	49.4	48.9	48.0
Level I	30.6	27.0	25.4	22.7	22.5	21.2	18.6
Level II	18.2	23.1	26.2	26.4	26.9	27.7	29.4
Advanced academic							
Total	26.3	29.5	30.6	38.1	38.1	41.4	44.6
Level I	15.6	12.9	12.9	16.4	16.3	14.4	14.1
Level II	4.8	9.0	10.4	10.9	11.6	15.2	18.0
Level III	5.9	7.6	7.2	10.7	10.2	11.8	12.5

NOTE: Totals do not add to 100 because a small percentage of students completed no mathematics or only basic or remedial-level courses.

Mathematics academic levels are:

Nonacademic: General Mathematics I or II; Basic Mathematics I, II, or III; consumer mathematics; technical or vocational mathematics; and mathematics review.

Low academic: Pre-algebra; Algebra I (taught over 2 years); and Geometry (informal).

Middle academic I: Algebra I; plane geometry; plane and solid geometry; Unified Mathematics I and II; and pure mathematics.

Middle academic II: Algebra II and Unified Mathematics III.

Advanced academic I: Algebra III; algebra/trigonometry; algebra/analytical geometry; trigonometry; trigonometry/solid geometry; analytical geometry; linear algebra; probability; probability/statistics; statistics (other); and independent study.

Advanced academic II: Precalculus and introduction to analysis.

Advanced academic III: Advanced Placement calculus; calculus; and calculus/analytical geometry.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School and Beyond (1982); National Education Longitudinal Study of 1988 (1992); National Assessment of Educational Progress Transcript Study (1987, 1990, 1994, and 1998, and 2000).

Table ED4.B

High school academic coursetaking: Percentage distribution of high school graduates by the highest level of advanced science courses taken, selected years 1982-2000

Characteristic	1982	1987	1990	1992	1994	1998	2000
Low academic							
Total	27.2	15.8	12.8	9.7	10.0	9.3	8.7
Primary physical science	12.2	6.7	4.2	2.8	1.9	3.0	2.8
Secondary physical science and basic biology	15.0	9.1	8.7	6.9	8.2	6.3	5.9
Middle academic							
General biology	35.2	41.5	37.0	36.4	34.1	28.6	27.5
Advanced academic							
Total	35.4	41.9	49.5	53.5	55.3	61.5	63.0
Chemistry I or physics I	14.9	21.4	25.8	27.1	29.4	30.2	30.5
Chemistry I and physics I	5.9	10.6	12.3	12.2	13.0	16.3	14.8
Chemistry II or physics II or advanced biology	14.6	9.9	11.4	14.3	12.9	15.1	17.9

NOTE: Totals do not add to 100 because a small percentage of students completed no science or only basic or remedial-level courses.

Science academic levels are:

Primary physical science: Physical science; applied physical science; earth science; college preparatory earth science; and unified science. Secondary physical science and basic biology: Astronomy, geology; environmental science; oceanography; general physics; and basic biology I.

General biology: General biology I; ecology; zoology; marine biology; human physiology; and general or honors biology II.

Chemistry I or Physics I: Introductory chemistry; chemistry I; organic chemistry; physical chemistry; consumer chemistry; general physics; and physics I.

Chemistry I and Physics I: 1 chemistry and 1 physics course from the list above.

Chemistry II or Physics II or advanced biology: International Baccalaureate (IB) biology II; IB biology III; AP biology; field biology; genetics; biopsychology; biology seminar; biochemistry and biophysics; bio-chemistry; botany; cell and molecular biology; cell biology; microbiology; anatomy; chemistry II; IB chemistry II; IB chemistry III; AP chemistry; physics II; IB physics; AP physics B; AP physics C: mechanics; AP physics C: electricity/magnetism; and physics II without calculus.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School and Beyond (1982); National Education Longitudinal Study of 1988 (1992); National Assessment of Education Progress Transcript Study (1987, 1990, 1994, 1998, and 2000).

Table ED4.C

High school academic coursetaking: Percentage distribution of high school graduates by the level of English courses taken, selected years 1982-2000

Characteristic	1982	1987	1990	1992	1994	1998	2000
Low academic							
Total	10.0	22.1	19.6	18.0	17.6	13.7	10.7
Middle academic							
Total	76.7	55.6	60.2	57.3	56.5	56.1	54.7
Advanced academic							
Total	13.3	21.5	19.6	24.4	25.1	29.3	33.9
Less than 50 percent in honors	6.1	7.9	7.0	7.6	7.7	9.1	11.6
50-74 percent in honors	3.3	5.0	3.6	5.8	5.4	7.7	7.2
75 percent or more in honors	3.8	8.7	9.1	11.1	12.0	12.4	15.1

NOTE: Totals do not add up to 100 because a small percentage of students completed no English courses or only English as a second language (ESL) courses.

English academic levels are:

Low academic: The student has taken at least one low academic course, without having taken an honors-level course.

Middle academic: all completed English courses classified at grade level; no low academic level or honors courses.

Less than 50 percent honors: The number of completed courses classified as honors level, when divided by the total number of completed low academic-, regular-, and honors-level courses, yields a percentage less than 50.

50-74 percent in honors: The number of completed courses classified as honors level, when divided by the total number of completed low academic-, regular-, and honors-level courses, yields a percentage of between 50 and 74.

75 percent or more in honors: The number of completed courses classified as honors level, when divided by the total number of completed low academic-, regular-, and honors-level courses, yields a percentage between 75 and 100.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School and Beyond (1982); National Education Longitudinal Study of 1988 (1992); National Assessment of Educational Progress Transcript Study (1987, 1990, 1994, 1998, and 2000).

Table ED4.D

High school academic coursetaking: Percentage distribution of high school graduates by the level of foreign language courses taken, selected years 1982-2000

Characteristic	1982	1987	1990	1992	1994	1998	2000
No foreign language							
Total	45.6	33.3	26.9	22.5	22.3	19.4	17.4
Low academic							
Total	39.8	47.5	51.4	51.8	51.8	50.7	52.8
Year 1 or less	20.4	22.6	21.2	19.9	19.8	19.2	18.0
Year 2	19.5	24.9	30.2	32.0	32.1	31.5	34.9
Advanced academic							
Total	14.6	19.2	21.7	25.7	25.9	30.0	29.8
Year 3	8.9	11.9	12.9	14.8	15.0	17.4	16.5
Year 4	4.5	5.4	5.6	7.7	7.8	8.6	7.8
Advanced placement	1.2	1.9	3.2	3.2	3.1	4.1	5.4

NOTE: Foreign language coursetaking based upon students taking classes in Spanish, French, Latin, and German.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School and Beyond (1982); National Longitudinal Study of 1988 (1992); National Assessment of Educational Progress Transcript Study (1987, 1990, 1994, 1998, and 2000).

Table ED5

High school completion: Percentage of adults ages 18 to 24[a] who have completed high school by race, Hispanic origin, and method of completion, selected years 1980-2001

Characteristic	1980	1985	1990	1995[b]	1996[b]	1997[b]	1998[b]	1999[b]	2000[b,c]	2001[b,c]
Total[d]										
Total completing high school[e]	84	85	86	85	86	86	85	86	87	87
Method of completion										
Diploma	–	–	81	78	76	77	75	77	–	–
Equivalent[f]	–	–	4	8	10	9	10	9	–	–
White, non-Hispanic										
Total completing high school[e]	88	88	90	90	92	91	90	91	92	91
Method of completion										
Diploma	–	–	85	83	81	81	80	82	–	–
Equivalent[f]	–	–	5	7	11	9	10	9	–	–
Black, non-Hispanic										
Total completing high school[e]	75	81	83	85	83	82	81	84	84	86
Method of completion										
Diploma	–	–	78	75	73	72	72	73	–	–
Equivalent[f]	–	–	5	9	10	10	10	11	–	–
Hispanic[g]										
Total completing high school[e]	57	67	59	63	62	67	63	63	64	66
Method of completion										
Diploma	–	–	55	54	55	59	52	55	–	–
Equivalent[f]	–	–	4	9	7	8	11	9	–	–

– = not available

[a] Excludes those enrolled in high school or below.

[b] Data for 1994 and subsequent years are not strictly comparable with data for 1980-93, because of major revisions in the Current Population Survey (CPS) questionnaire and data collection methodology and because of the inclusion of 1990 Census-based population controls in the estimation process.

[c] Method of high school completion is not reported for 2000 and later years because of changes in General Education Development (GED) items in the October CPS School Enrollment Supplement, making the data not comparable to previous years.

[d] Percentages are not shown separately for non-Hispanic Asians/Pacific Islanders and American Indians/Alaska Natives, but they are included in the total.

[e] From 1980 to 1991, high school completion was measured as completing 4 years of high school rather than the actual attainment of a high school diploma or equivalent.

[f] Diploma equivalents include alternative credentials obtained by passing examinations such as the GED test.

[g] Persons of Hispanic origin may be of any race.

SOURCE: U.S. Census Bureau, October Current Population Survey (various years). Tabulated by the U.S. Department of Education, National Center for Education Statistics.

Table ED6.A

Youth neither enrolled in school nor working: Percentage of youth ages 16 to 19 who are neither enrolled in school nor working by age, gender, race, and Hispanic origin, selected years 1984-2002

Characteristic	1984	1985	1990	1995[a]	1996[a]	1997[a]	1998[a]	1999[a]	2000[a]	2001[a]	2002[a]
All youth ages 16-19											
Total	12	11	10	9	9	9	8	8	8	9	9
Gender											
Male	9	9	8	8	8	8	8	7	7	8	8
Female	14	13	12	11	11	10	9	9	9	9	9
Race and Hispanic origin											
White, non-Hispanic	10	9	8	7	7	7	6	6	6	6	7
Black, non-Hispanic	19	18	15	14	15	14	13	13	13	14	14
Hispanic[b]	18	17	17	16	16	14	14	14	13	13	13
Youth ages 16-17											
Total	5	5	5	4	4	4	4	4	4	4	4
Gender											
Male	4	5	4	4	4	4	4	4	3	4	4
Female	6	6	5	5	5	4	4	4	4	4	4
Race and Hispanic origin											
White, non-Hispanic	5	5	4	3	3	3	3	3	3	3	3
Black, non-Hispanic	6	6	6	6	5	6	5	5	5	5	5
Hispanic[b]	11	10	10	9	8	8	8	9	7	7	5
Youth ages 18-19											
Total	18	17	15	15	15	14	13	13	12	13	14
Gender											
Male	14	13	12	12	13	12	12	11	11	12	13
Female	21	20	18	17	17	15	13	14	13	15	15
Race and Hispanic origin											
White, non-Hispanic	14	14	12	11	11	10	9	9	9	10	11
Black, non-Hispanic	32	30	23	24	25	23	21	21	21	22	24
Hispanic[b]	25	24	24	23	23	20	19	20	18	19	20

[a] Data for 1994 and subsequent years are not strictly comparable with data for prior years, because of major revisions in the Current Population Survey questionnaire and data collection methodology and because of the inclusion of 1990 Census-based population controls in the estimation process.

[b] Persons of Hispanic origin may be of any race.

NOTE: The information relates to the labor force and enrollment status of persons ages 16 to 19 in the civilian noninstitutionalized population during an "average" week of the school year. The percentages represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December). Results are based on uncomposited estimates and are not comparable to data from published tables.

SOURCE: U.S. Bureau of Labor Statistics, Current Population Survey.

Table ED6.B

Youth enrolled in school and working: Percentage of youth ages 16 to 19 who are enrolled in school and working by age, gender, race, and Hispanic origin, selected years 1984-2002

Characteristic	1984	1985	1990	1995[a]	1996[a]	1997[a]	1998[a]	1999[a]	2000[a]	2001[a]	2002[a]
All youth ages 16-19											
Total	25	26	28	29	29	29	29	31	30	28	27
Gender											
Male	25	26	27	28	28	28	29	29	29	26	24
Female	25	26	28	30	30	30	33	32	32	30	29
Race and Hispanic origin											
White, non-Hispanic	29	30	33	35	35	35	36	36	36	34	32
Black, non-Hispanic	10	12	15	16	15	16	19	17	19	16	15
Hispanic[b]	18	15	17	16	17	17	18	18	19	20	17
Youth ages 16-17											
Total	28	29	29	30	30	29	31	31	31	28	25
Gender											
Male	28	29	29	29	28	29	30	30	29	27	23
Female	28	29	30	31	31	30	32	31	32	30	28
Race and Hispanic origin											
White, non-Hispanic	33	34	36	37	37	36	38	37	37	34	31
Black, non-Hispanic	10	12	15	16	16	15	17	17	19	16	13
Hispanic[b]	18	15	17	14	15	15	17	17	18	17	15
Youth ages 18-19											
Total	23	23	26	28	28	28	30	30	30	28	28
Gender											
Male	23	23	25	27	28	27	27	28	28	26	26
Female	23	23	26	30	29	30	33	32	31	30	30
Race and Hispanic origin											
White, non-Hispanic	26	26	30	33	34	33	35	36	35	33	33
Black, non-Hispanic	11	12	15	17	15	16	21	18	18	16	17
Hispanic[b]	17	15	16	19	18	19	19	19	20	22	19

[a] Data for 1994 and subsequent years are not strictly comparable with data for prior years, because of major revisions in the Current Population Survey questionnaire and data collection methodology and because of the inclusion of 1990 Census-based population controls in the estimation process.

[b] Persons of Hispanic origin may be of any race.

NOTE: The information relates to the labor force and enrollment status of persons ages 16-19 in the civilian noninstitutionalized population during an "average" week of the school year. The figures represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December). Results are based on uncomposited estimates and are not comparable to data from published tables. Data for the groups of youth not shown here—those employed and not in school and those not employed and in school—are available on the website version of the report at *http://childstats.gov*.

SOURCE: U.S. Bureau of Labor Statistics, Current Population Survey.

Table ED7

Higher education: Percentage of 25- to 29-year-olds attaining associate's and bachelor's degrees or higher by highest degree attained, race, and Hispanic origin, selected years 1980-2002

Characteristic	1980	1985	1990	1995[a]	1996[a]	1997[a]	1998[a]	1999[a]	2000[a]	2001[a]	2002[a]
Bachelor's degree or higher[b]											
Total	23	22	23	25	27	28	27	28	29	29	29
Race and Hispanic origin											
White, non-Hispanic	25	24	26	29	32	33	32	34	34	33	36
Black, non-Hispanic	12	12	13	15	15	14	16	15	18	18	18
Hispanic[c]	8	11	8	9	10	11	10	9	10	11	9
Associate's degree											
Total	–	–	–	8	8	8	9	9	9	9	8
Race and Hispanic origin											
White, non-Hispanic	–	–	–	9	9	9	9	10	10	9	9
Black, non-Hispanic	–	–	–	7	7	6	7	9	8	9	8
Hispanic[c]	–	–	–	4	5	6	6	6	6	6	6

– = not available

[a] Data for 1994 and subsequent years are not strictly comparable with data for prior years because of major revisions in the Current Population Survey questionnaire and data collection methodology and because of the inclusion of 1990 Census-based population controls in the estimation process.

[b] This was measured as having completed 4 or more years of college, 1980-1991.

[c] Persons of Hispanic origin may be of any race.

NOTE: Analyses of the 1993 Baccalaureate and Beyond Longitudinal Study indicated that about 10 percent of all persons attaining a bachelor's degree in that year had previously earned an associate's degree. Source: National Center for Education Statistics.

SOURCE: U.S. Census Bureau, March Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

Table SPECIAL1.A Population and family: Selected population and family measures of child well-being by state, 1990 and 2000

	Percent of children under 18[a]								
	Living in married-couple families[b]			With difficulty speaking English[c]			Who are foreign-born[d]		
	1990	2000	Change[e]	1990	2000	Change[e]	1990	2000	Change[e]
Nation	**72.2**	**68.0**	**-4.2**	**5.2**	**6.6**	**1.4**	**3.3**	**4.4**	**1.1**
State									
Alabama	68.6	64.0	-4.6	1.0	1.5	0.5	0.3	0.9	0.6
Alaska	76.2	70.3	-5.9	3.4	4.3	0.9	1.0	2.2	1.2
Arizona	71.1	66.4	-4.7	8.7	11.0	2.3	3.5	6.7	3.2
Arkansas	71.8	65.7	-6.1	0.9	2.3	1.4	0.4	1.5	1.1
California	70.4	67.3	-3.1	14.7	16.4	1.7	10.9	9.4	-1.5
Colorado	75.3	72.7	-2.6	2.9	5.7	2.8	1.5	4.5	3.0
Connecticut	74.8	71.0	-3.8	5.0	5.1	NS	2.6	4.0	1.4
Delaware	71.9	64.8	-7.1	2.4	3.4	1.0	0.9	2.6	1.7
District of Columbia	35.8	33.0	-2.8	4.8	5.5	NS	4.1	5.1	1.0
Florida	67.9	63.4	-4.5	5.5	6.6	1.1	5.0	6.3	1.3
Georgia	67.6	64.0	-3.6	1.6	3.9	2.3	1.1	3.4	2.3
Hawaii	74.2	67.0	-7.2	5.6	6.2	0.6	4.7	5.3	0.6
Idaho	81.8	77.1	-4.7	2.0	3.2	1.2	1.0	2.6	1.6
Illinois	72.0	68.8	-3.2	4.8	7.0	2.2	2.9	4.8	1.9
Indiana	75.5	70.4	-5.1	1.8	2.3	0.5	0.4	1.3	0.9
Iowa	81.0	75.9	-5.1	1.4	2.5	1.1	0.5	1.9	1.4
Kansas	78.9	74.2	-4.7	1.8	3.4	1.6	1.1	2.6	1.5
Kentucky	75.2	69.3	-5.9	1.0	1.5	0.5	0.3	1.0	0.7
Louisiana	64.0	58.3	-5.7	1.8	1.7	NS	0.7	0.7	NS
Maine	77.3	71.5	-5.8	1.1	1.1	NS	0.4	1.0	0.6
Maryland	69.5	65.7	-3.8	2.7	3.4	0.7	2.6	3.8	1.2
Massachusetts	74.5	71.3	-3.2	5.3	5.5	0.2	3.5	4.5	1.0
Michigan	70.9	67.8	-3.1	1.6	2.5	0.9	0.9	2.3	1.4
Minnesota	80.9	76.1	-4.8	2.0	3.9	1.9	1.2	3.4	2.2
Mississippi	62.1	56.4	-5.7	1.1	1.3	0.2	0.2	0.5	0.3
Missouri	74.3	68.0	-6.3	1.3	1.9	0.6	0.4	1.3	0.9
Montana	77.7	72.3	-5.4	0.9	1.5	0.6	0.3	0.7	0.4
Nebraska	80.6	75.1	-5.5	1.0	3.3	2.3	0.5	2.5	2.0
Nevada	70.4	65.7	-4.7	4.4	9.4	5.0	3.7	6.8	3.1
New Hampshire	80.8	75.5	-5.3	1.3	1.5	0.2	0.7	1.7	1.0
New Jersey	73.7	72.0	-1.7	6.0	6.5	0.5	4.6	6.5	1.9
New Mexico	70.1	63.2	-6.9	10.4	10.1	NS	2.2	3.8	1.6
New York	68.3	64.7	-3.6	8.1	8.8	0.7	6.1	7.1	1.0
North Carolina	70.0	66.3	-3.7	1.8	3.5	1.7	0.6	2.9	2.3
North Dakota	83.0	77.1	-5.9	0.7	1.2	0.5	0.1	1.1	1.0
Ohio	73.5	68.2	-5.3	1.8	2.0	0.2	0.5	1.1	0.6
Oklahoma	74.3	67.9	-6.4	1.5	2.7	1.2	0.7	1.8	1.1
Oregon	74.6	70.8	-3.8	2.5	5.5	3.0	1.8	4.4	2.6
Pennsylvania	74.8	69.9	-4.9	2.5	2.9	0.4	0.9	1.7	0.8
Rhode Island	73.9	66.8	-7.1	5.5	6.6	1.1	4.2	4.5	NS
South Carolina	66.9	61.6	-5.3	1.2	2.0	0.8	0.4	1.2	0.8
South Dakota	79.6	73.0	-6.6	1.3	2.4	1.1	0.2	1.2	1.0
Tennessee	70.7	65.6	-5.1	1.1	1.8	0.7	0.5	1.4	0.9
Texas	72.5	68.6	-3.9	11.2	12.1	0.9	4.0	5.9	1.9
Utah	84.3	81.1	-3.2	1.8	3.6	1.8	0.9	3.2	2.3
Vermont	77.5	72.8	-4.7	0.8	1.3	0.5	0.4	1.7	1.3
Virginia	73.7	69.4	-4.3	2.2	3.4	1.2	2.2	3.3	1.1
Washington	75.1	71.5	-3.6	3.3	5.3	2.0	2.5	5.0	2.5
West Virginia	76.9	70.5	-6.4	0.8	0.8	NS	0.2	0.4	0.2
Wisconsin	77.4	73.2	-4.2	2.0	3.3	1.3	0.9	2.0	1.1
Wyoming	79.7	73.6	-6.1	1.2	1.5	0.3	0.4	0.8	0.4

[a] Children under 18 excludes householders, subfamily reference persons, or their spouses and those living in group quarters.

[b] Children in married-couple families are the never-married biological, adopted, and step-sons and step-daughters of a married householder or a married subfamily reference person.

[c] Children with difficulty speaking English are between 5 and 17 years, speak a language other than English at home, and speak English less than "very well." This group includes those who speak English "well," "not very well," and "not at all."

[d] Foreign-born children are those not born in the 50 States, the District of Columbia, U.S. outlying territories, or abroad to American parents.

[e] Represents the percentage point change from 1990 to 2000. "NS" indicates nonsignificant change at the 90-percent confidence level.

SOURCE: U.S. Census Bureau, 1990 and 2000 Censuses.

Table SPECIAL1.B

Economic security: Selected economic security indicators of child well-being by state, 1990 and 2000

	Percent of children under 18[a]								
	Living in crowded housing[b]			In families in poverty[c]			Living with at least one parent who is employed full time[d]		
	1990	2000	Change[e]	1990	2000	Change[e]	1990	2000	Change[e]
Nation	**16.2**	**19.0**	**2.8**	**17.7**	**16.0**	**-1.7**	**76.9**	**82.6**	**5.7**
State									
Alabama	13.3	11.7	-1.6	23.7	21.0	-2.7	74.9	80.3	5.4
Alaska	20.8	24.8	4.0	10.7	11.0	NS	74.4	83.0	8.6
Arizona	25.5	29.5	4.0	21.4	18.6	-2.8	76.1	82.2	6.1
Arkansas	15.3	15.0	NS	24.8	21.2	-3.6	75.3	81.5	6.2
California	34.6	41.3	6.7	17.6	18.8	1.2	73.1	78.7	5.6
Colorado	9.7	14.7	5.0	14.8	10.7	-4.1	80.6	86.6	6.0
Connecticut	8.6	9.7	1.1	10.2	10.0	NS	80.1	85.3	5.2
Delaware	8.3	10.1	1.8	11.5	11.8	NS	81.7	84.1	2.4
District of Columbia	31.6	35.6	4.0	24.7	31.0	6.3	59.8	61.3	1.5
Florida	19.8	22.0	2.2	18.1	17.0	-1.1	77.1	81.7	4.6
Georgia	13.9	15.9	2.0	19.5	16.6	-2.9	76.3	82.4	6.1
Hawaii	37.4	40.3	2.9	10.9	13.4	2.5	79.1	77.4	-1.7
Idaho	14.0	15.8	1.8	15.5	13.6	-1.9	82.5	87.6	5.1
Illinois	14.1	17.0	2.9	16.6	13.8	-2.8	77.5	83.3	5.8
Indiana	8.6	9.2	0.6	13.8	11.6	-2.2	81.5	86.5	5.0
Iowa	5.9	7.9	2.0	13.8	10.4	-3.4	84.4	89.0	4.6
Kansas	9.0	11.3	2.3	13.7	11.4	-2.3	83.9	88.7	4.8
Kentucky	9.9	8.6	-1.3	24.2	20.2	-4.0	73.9	81.3	7.4
Louisiana	20.1	18.9	-1.2	30.9	26.1	-4.8	68.3	76.2	7.9
Maine	6.3	5.5	-0.8	13.0	12.9	NS	77.9	84.1	6.2
Maryland	9.2	11.2	2.0	10.8	10.2	-0.6	80.6	84.9	4.3
Massachusetts	8.8	9.8	1.0	12.8	11.5	-1.3	76.6	83.2	6.6
Michigan	9.5	11.7	2.2	18.1	13.3	-4.8	73.2	83.8	10.6
Minnesota	7.1	10.6	3.5	12.3	9.1	-3.2	82.3	88.4	6.1
Mississippi	20.9	18.4	-2.5	33.1	26.5	-6.6	68.9	76.4	7.5
Missouri	9.8	10.2	0.4	17.3	15.1	-2.2	79.2	85.0	5.8
Montana	9.9	12.5	2.6	19.8	18.2	-1.6	77.2	84.2	7.0
Nebraska	6.3	9.9	3.6	13.3	11.7	-1.6	86.2	88.7	2.5
Nevada	19.7	27.3	7.6	12.8	13.4	0.6	81.1	84.0	2.9
New Hampshire	5.8	5.9	NS	7.0	7.2	NS	84.1	88.5	4.4
New Jersey	12.4	14.6	2.2	10.9	10.7	-0.2	80.4	85.1	4.7
New Mexico	24.2	25.1	0.9	27.3	24.4	-2.9	72.9	78.9	6.0
New York	19.7	22.8	3.1	18.6	19.5	0.9	73.3	77.4	4.1
North Carolina	11.1	12.7	1.6	16.7	15.6	-1.1	79.0	83.8	4.8
North Dakota	7.4	8.3	0.9	16.7	13.4	-3.3	82.0	88.5	6.5
Ohio	7.2	7.3	0.1	17.4	13.9	-3.5	76.7	84.7	8.0
Oklahoma	12.1	14.1	2.0	21.2	19.0	-2.2	77.8	83.5	5.7
Oregon	12.3	17.5	5.2	15.0	13.9	-1.1	78.3	83.8	5.5
Pennsylvania	7.3	8.1	0.8	15.2	14.2	-1.0	78.2	83.9	5.7
Rhode Island	8.9	11.1	2.2	13.4	16.4	3.0	76.2	80.7	4.5
South Carolina	14.8	12.6	-2.2	20.5	18.3	-2.2	76.3	81.3	5.0
South Dakota	11.4	13.3	1.9	19.7	16.5	-3.2	83.2	86.1	2.9
Tennessee	10.8	11.3	0.5	20.5	17.5	-3.0	76.6	82.5	5.9
Texas	24.8	14.9	-9.9	23.8	20.0	-3.8	76.4	82.8	6.4
Utah	15.2	15.4	NS	12.1	9.6	-2.5	85.8	88.8	3.0
Vermont	6.0	6.0	NS	11.4	10.6	-0.8	79.9	85.9	6.0
Virginia	9.4	10.6	1.2	12.8	11.8	-1.0	81.3	85.6	4.3
Washington	12.2	16.9	4.7	13.8	13.0	-0.8	78.6	84.3	5.7
West Virginia	7.7	6.6	-1.1	25.6	23.7	-1.9	70.7	79.0	8.3
Wisconsin	8.4	10.3	1.9	14.4	10.7	-3.7	80.8	87.8	7.0
Wyoming	9.1	10.6	1.5	14.1	13.7	NS	82.4	87.0	4.6

[a] Children under 18 excludes householders, subfamily reference persons, or their spouses and those living in group quarters.

[b] Children living in crowded housing live in a house where the number of people per room is greater than 1.

[c] Child poverty includes children living in households who are related to the householder and whose family income and family size put the child below the poverty threshold. Poverty data collected in the 1990 and 2000 censuses refer to poverty in calendar year 1989 and 1999, respectively. The average poverty threshold for a family of four was $12,674 in 1989 and $17,029 in 1999.

[d] Children of at least one parent employed full time include children who are the never-married biological, adopted, and step sons and daughters of a householder or a subfamily reference person who are living with one or two parents who are employed and working at least 35 hours per week.

[e] Represents the percentage point change from 1990 to 2000. "NS" indicates nonsignificant change at the 90-percent confidence level.

SOURCE: U.S. Census Bureau, 1990 and 2000 Censuses.

Table SPECIAL1.C

Education: Selected educational indicators of child well-being by state, 1990 and 2000

Percent of

	3- to 5-year olds enrolled in preprimary education[a,b]			18- to 24-year olds who completed high school[c]			16- to 19-year olds neither working nor in school[a]		
	1990	2000	Change[d]	1990	2000	Change[d]	1990	2000	Change[d]
Nation	**42.0**	**61.4**	**19.4**	**83.6**	**82.4**	**-1.2**	**9.9**	**9.0**	**-0.9**
State									
Alabama	40.7	59.4	18.7	80.7	79.1	-1.6	11.1	10.7	-0.4
Alaska	37.3	51.6	14.3	87.1	85.9	-1.2	11.5	10.3	-1.2
Arizona	35.0	53.0	18.0	79.9	76.0	-3.9	11.7	11.9	NS
Arkansas	33.8	56.5	22.7	81.9	82.0	NS	11.4	10.3	-1.1
California	43.0	59.8	16.8	76.2	78.0	1.8	11.1	9.4	-1.7
Colorado	40.4	61.5	21.1	87.0	82.0	-5.0	8.1	9.6	1.5
Connecticut	53.7	72.2	18.5	88.3	86.9	-1.4	7.7	7.0	-0.7
Delaware	47.7	64.1	16.4	87.2	83.7	-3.5	7.4	9.2	1.8
District of Columbia	58.0	76.4	18.4	82.3	84.9	2.6	14.3	14.4	NS
Florida	44.1	65.0	20.9	79.7	79.7	NS	10.9	9.3	-1.6
Georgia	40.5	67.3	26.8	80.2	77.1	-3.1	11.1	10.9	NS
Hawaii	50.2	63.4	13.2	92.1	91.5	-0.6	7.8	8.9	1.1
Idaho	33.4	50.0	16.6	84.9	85.1	NS	7.9	7.6	NS
Illinois	44.7	64.1	19.4	85.4	83.0	-2.4	9.8	9.1	-0.7
Indiana	35.2	50.9	15.7	84.9	84.0	-0.9	9.7	8.3	-1.4
Iowa	40.6	58.8	18.2	92.1	90.2	-1.9	6.2	5.3	-0.9
Kansas	37.1	59.4	22.3	88.7	86.2	-2.5	7.5	6.9	-0.7
Kentucky	33.6	57.1	23.5	81.1	82.0	0.9	13.3	11.0	-2.3
Louisiana	45.7	66.9	21.2	80.0	79.5	-0.5	13.8	12.1	-1.7
Maine	39.7	58.0	18.3	88.4	89.8	1.4	8.4	6.3	-2.1
Maryland	50.9	69.5	18.6	86.0	86.4	0.4	9.3	8.6	-0.7
Massachusetts	49.0	69.7	20.7	89.1	90.0	0.9	8.0	6.5	-1.5
Michigan	46.4	63.0	16.6	86.2	85.1	-1.1	9.9	7.7	-2.2
Minnesota	35.6	58.6	22.9	92.0	89.5	-2.5	5.8	4.9	-0.9
Mississippi	43.0	62.8	19.8	80.6	78.5	-2.1	11.9	12.0	NS
Missouri	35.8	58.0	22.2	85.0	84.3	-0.7	10.1	8.9	-1.2
Montana	33.0	54.1	21.1	88.2	88.4	NS	7.6	7.7	NS
Nebraska	37.0	57.9	20.9	91.8	88.6	-3.2	5.8	5.8	NS
Nevada	34.2	49.5	15.3	78.0	72.6	-5.4	11.5	12.3	NS
New Hampshire	39.2	61.9	22.7	87.4	88.4	1.0	7.6	5.2	-2.4
New Jersey	51.4	72.8	21.4	86.6	85.4	-1.2	8.7	7.5	-1.2
New Mexico	33.8	52.9	19.1	81.6	78.8	-2.8	11.4	11.8	NS
New York	50.2	69.4	19.2	85.4	83.8	-1.6	9.9	9.2	-0.7
North Carolina	39.3	62.1	22.8	84.0	80.2	-3.8	9.5	10.3	0.8
North Dakota	28.8	48.4	19.6	94.3	93.8	-0.5	4.8	4.6	NS
Ohio	37.5	59.2	21.7	86.3	85.4	-0.9	9.0	7.7	-1.3
Oklahoma	36.3	58.9	22.6	84.9	82.9	-2.0	10.5	9.4	-1.1
Oregon	36.6	53.2	16.6	83.2	81.8	-1.4	9.8	9.3	NS
Pennsylvania	42.0	60.6	18.6	88.1	88.3	0.2	8.7	7.3	-1.4
Rhode Island	45.0	65.8	20.8	86.2	87.9	1.7	8.4	8.2	NS
South Carolina	46.8	65.1	18.3	82.6	80.8	-1.8	9.5	10.6	1.1
South Dakota	30.1	52.5	22.4	90.2	88.0	-2.2	6.6	7.5	0.9
Tennessee	35.3	56.9	21.6	80.6	81.9	1.3	11.7	9.2	-2.5
Texas	39.9	58.4	18.5	78.8	76.0	-2.8	11.1	10.7	-0.4
Utah	38.3	53.3	15.0	87.8	87.2	-0.6	8.0	7.4	-0.6
Vermont	41.1	61.7	20.6	89.7	91.2	1.5	7.1	5.6	-1.5
Virginia	44.1	63.8	19.7	85.8	86.5	0.7	8.3	7.5	-0.8
Washington	39.7	56.9	17.2	85.5	84.2	-1.3	8.8	8.2	-0.6
West Virginia	31.0	50.5	19.5	82.4	85.4	3.0	13.1	11.6	-1.5
Wisconsin	38.2	58.7	20.5	89.4	88.0	-1.4	6.0	5.8	NS
Wyoming	33.8	55.2	21.4	89.2	88.4	NS	7.7	7.3	NS

[a] Excludes children living in group quarters.

[b] Enrolled in preprimary education includes children in kindergarten, preschool, or nursery school.

[c] Universe excludes those still enrolled in high school or below.

[d] Represents the percentage point change from 1990 to 2000. "NS" indicates nonsignificant change at the 90-percent confidence level.

SOURCE: U.S. Census Bureau, 1990 and 2000 Censuses.

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Aerometric Information Retrieval System

The Aerometric Information Retrieval System (AIRS) is a repository of information about airborne pollution in the United States and various World Health Organization (WHO) member countries. The system is administered by the U.S. Environmental Protection Agency (EPA), Office of Air Quality Planning and Standards (OAQPS), Information Transfer and Program Integration Division (ITPID), located in Research Triangle Park, North Carolina. Data on criteria pollutants consist of air quality measurements collected by sensitive monitoring equipment at thousands of sites across the Nation operated by State and local environmental agencies. Each monitor measures the concentration of a particular pollutant in the air. Monitoring data indicate the average pollutant concentration during a time interval, usually 1 hour or 24 hours.

Information on the AIRS system is available online at http://www.epa.gov/airs.

Information about surveys on radon awareness and environmental tobacco smoke issues is available online at http://www.epa.gov/envirohealth/children.

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American Housing Survey

This survey provides data necessary for evaluating progress toward "a decent home and a suitable living environment for every American family," affirmed in 1949 and 1968 legislation. The data come from a U.S. Census Bureau nationwide sample survey in odd-numbered years for national, regional, and metropolitan/non-metropolitan data and from surveys in 47 metropolitan statistical areas over a multi-year cycle. These data detail the types, size, conditions, characteristics, costs and values, equipment, utilities, and dynamics of the housing inventory; describe the demographic, financial, and mobility characteristics of the occupants; and give some information on neighborhood conditions. In 1997, the survey was conducted using computer-assisted personal interviewing for the first time, and questions on rental assistance and physical problems were also changed. Therefore, data from 1997, 1999, and 2001 on assisted families, priority problems, and severe physical problems are not comparable to earlier data.

Information about the American Housing Survey is available online at
http://www.census.gov/hhes/www/ahs.html.

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Continuing Survey of Food Intakes by Individuals

The Continuing Survey of Food Intakes by Individuals (CSFII) is designed to measure what Americans eat and drink. Uses of the survey include monitoring the nutritional adequacy of American diets, measuring the impact of food fortification on nutrient intakes, developing dietary guidance and related programs, estimating exposure of population groups to food contaminants, evaluating the nutritional impact of food assistance programs, and assessing the need for agricultural products. Individuals were asked to provide 3 consecutive days of dietary data. The 1994-96 CSFII also included individuals living in households and oversampling of the low-income population. In each of the 3 survey years, respondents were asked to provide, through in-person interviews, food intake data on 2 nonconsecutive days, with both days of intake collected by the 24-hour recall method. The 1998 sample of children ages 2 to 9 was designed as a supplement to the 1994-1996 CSFII. Dietary recall methods were the same in both samples. Intake data were provided for 3,937 children under 18 years of age in 1989-91, and 4,011 children ages 2 to 9 in 1998.

For more information on the CSFII 1989-91, see Tippett, K.S., Mickle, S.J., Goldman, J.D., et al. (1995). *Food and nutrient intakes by individuals in the United States, 1 day, 1989-91* (NFS Rep. No. 91-2). U.S. Department of Agriculture, Agricultural Research Service.

For more information on the CSFII 1994-96, see Tippett, K.S. and Cypel, Y.S. (Eds.). (1998). *Design and operation: The Continuing Survey of Food Intakes by Individuals and the Diet and Health Knowledge Survey, 1994-96* (NFS Rep. No. 96-1). U.S. Department of Agriculture, Agricultural Research Service.

Information about the CSFII is available online at http://www.barc.usda.gov/bhnrc/foodsurvey/home.htm.

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Current Population Survey

Core survey and supplements. The Current Population Survey (CPS) is a nationwide survey of about 60,000 households conducted monthly for the Bureau of Labor Statistics by the U.S. Census Bureau. At present, there are 754 CPS sampling areas in the United States, with coverage in every State and the District of Columbia.

The CPS core survey is the primary source of information on the employment characteristics of the noninstitutionalized civilian population, ages 15 and older, including estimates of unemployment released every month by the Bureau of Labor Statistics.

In addition to the core survey, monthly CPS supplements provide additional demographic and social data. The March demographic supplement and the October school enrollment supplement provide information used to estimate the status and well-being of children. The March and October supplements have been administered every year since 1947. Every year, the October supplement to the CPS asks questions on school enrollment by grade and other school characteristics about each member of the household ages 3 and older. Data on the highest level of school completed or degree attained are derived from the March supplement to the CPS. The April food security supplement, introduced in 1995, is described in detail below.

In 1994, the CPS questionnaire was redesigned, and the computer-assisted personal interviewing method was implemented. In addition, the 1990 Census-based population controls, with adjustments for the estimated population undercount, were introduced. For more information regarding the CPS, its sampling structure, and estimation methodology, see U.S. Department of Labor, Bureau of Labor Statistics. (1997). Explanatory notes and estimates of error. *Employment and Earnings, 44* (1), 225-242.

Effective with the release of July 2001 data, official labor force estimates from the CPS reflect the expansion of the monthly CPS sample from about 50,000 to about 60,000 eligible households. This expansion of the monthly CPS sample was one part of the Census Bureau's plan to meet the requirements of the State Children's Health Insurance Program (SCHIP) legislation. The SCHIP legislation requires the Census Bureau to improve state estimates of the number of children who live in low-income families and lack health insurance. These estimates are obtained from the Annual Demographic Supplement to the CPS. In September 2000, the Census Bureau began expanding the monthly CPS sample in 31 states and the District of Columbia. States were identified for sample supplementation based on the standard error of their March estimate of low-income children without health insurance. The additional 10,000 households were added to the sample over a 3-month period. A more comprehensive description of the CPS that incorporates the revisions and methodological changes introduced in 1994 and in July 2001 may be accessed at http://www.census.gov/prod/2002pubs/tp63rv.pdf.

Food security supplement. The food security supplement is a survey instrument developed through a long and rigorous process. The content of the supplement is based on material reported in prior research on hunger and food security. It was subjected to extensive testing by the U.S. Census Bureau. It reflects the consensus of nearly 100 experts at the 1994 Food Security and Measurement Conference convened jointly by the National Center for Health Statistics and the Food and Nutrition Service of the U.S. Department of Agriculture. The supplement was developed, tested, and refined further by the conferees, members of a Federal interagency working group, and survey methods specialists for the U.S. Census Bureau's Center for Survey Methods Research. The survey contains a systematic set of questions validated as measures of severity of food insecurity on both a 12-month and a 30-day basis. Data presented in this report are 12-month data from the CPS food security supplements. The respondents completing the supplement included households at all income levels, both above and below the Federal poverty threshold. Special final supplement sample weights were computed to adjust for the demographic characteristics of supplement non-interviews.

Economic Research Service, Food Security Briefing Room: http://www.ers.usda.gov/briefing/foodsecurity/

Information about the CPS is available online at http://www.bls.census.gov/cps/cpsmain.htm.

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Decennial Census Data

Every ten years, beginning with the first census in 1790, the United States government conducts a census, or count, of the entire population as mandated by the U.S. Constitution. The 1990 and 2000 censuses were taken April 1 of their respective years. As in several previous censuses, two forms were used—a short form and a long form. The short form was sent to every household, and the long form, containing the 100 percent questions, plus the sample questions, was sent to approximately one in every six households.

The Census 2000 short form questionnaire included seven questions for each household: name, sex, age, relationship, Hispanic origin, race, and whether the housing unit was owned or rented. The long form asked more detailed information on subjects such as education, employment, income, ancestry, homeowner costs, units in a structure, number of rooms, plumbing facilities, etc. Decennial censuses not only count the population but also sample the socio-economic status of the population, provide a tool for the government, educators, business owners, and others to get a snapshot of the state of the Nation. A more comprehensive description of Census 2000 is available at http://www.census.gov/mso/www/c2000basics.

The data contained in this special section are based on the sample of households who responded to the 1990 and 2000 Census long form questionnaires. Nationally, approximately one out of every six housing units was included in this sample. As a result, the sample estimates may differ somewhat from the100-percent figures that would have been obtained if all housing units, people within those housing units, and people living in group quarters had been enumerated using the same questionnaires, instructions, enumerators, and so forth. The sample estimates also differ from the values that would have been obtained from different samples of housing units, people within those housing units, and people living in group quarters. The deviation of a sample estimate from the average of all possible samples is called the sampling error.

In addition to the variability that arises from the sampling procedures, both sample data and 100-percent data are subject to nonsampling error. Nonsampling error may be introduced during any of the various complex operations used to collect and process data. Such errors may include: not enumerating every household or every person in the population, failing to obtain all required information from the respondents, obtaining incorrect or inconsistent information, and recording information incorrectly. In addition, errors can occur during the field review of the enumerators' work, during clerical handling of the census questionnaires, or during the electronic processing of the questionnaires.

Nonsampling error may affect the data in two ways: (1) errors that are introduced randomly will increase the variability of the data and, therefore, should be reflected in the standard errors; and (2) errors that tend to be consistent in one direction will bias both sample and 100-percent data in that direction. For example, if respondents consistently tend to underreport their incomes, then the resulting estimates of households or families by income category will tend to be understated for the higher income categories and overstated for the lower income categories. Such biases are not reflected in the standard errors.

While it is impossible to completely eliminate error from an operation as large and complex as the decennial census, the Census Bureau attempts to control the sources of such error during the data collection and processing operations. The primary sources of error and the programs instituted to control error in Census 2000 are described in detail in *Summary File 3 Technical Documentation* in Chapter 8, "Accuracy of the Data," located at http://www.census.gov/prod/cen2000/doc/sf3.pdf.

All statements in this special Census section have undergone statistical testing and all comparisons are significant at the 90-percent confidence level, unless otherwise noted. The estimates in tables, maps, and other figures may vary from actual values due to sampling and nonsampling errors. As a result, estimates in one category may not be significantly different from estimates assigned to a different category. Further information on the accuracy of the data is located at
http://www.census.gov/prod/cen2000/doc/sf3.pdf.

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High School and Beyond

The High School and Beyond (HS&B) longitudinal survey was first administered in 1980 to a stratified, nationally representative sample of approximately 30,000 high school sophomores and 28,000 high school seniors from more than 1,000 high schools. Follow-up surveys were administered in 1982, 1984, 1986, and 1992. In-school waves (1980 and 1982) entailed the administration of a student questionnaire and a cognitive test battery. In the Base Year (1980), data were also collected from students' parents and school principals, while the teachers of sampled students were asked to complete a checklist on students' behavior and performance in class. As part of the First Follow-up, high school transcripts were collected for a probability subsample of nearly 18,500 members of the 1980 sophomore cohort. The sample design for the transcript study increased the representation of racial/ethnic minorities, private school students, dropouts, transfer students, early graduates, and students whose parents had previously completed a parent questionnaire. The mode of data collection for the out-of-school waves of the study was self-administered mail-back questionnaires in 1984 and 1986 and Computer Assisted Telephone Interviewing (CATI) in 1992. In addition, a postsecondary school transcript study was conducted for First and Second Follow-up senior cohort respondents and Third and Fourth Follow-up sophomore cohort respondents who reported attending postsecondary institutions in those waves of the study.

In this report, the analysis sample for the indicators that used HS&B high school transcript data consisted of all 1982 high school graduates with complete transcripts. Of the 15,941 students on the transcript file, 11,195 students were high school graduates with complete transcripts.

Information on the HS&B First Follow-up and the high school transcript study can be found in Jones, C., et al. (1983). *High School and Beyond, 1980 Sophomore Cohort, First Follow-up (1982), Data file user's manual.* Washington, DC: National Center for Education Statistics. Jones, C., et al. (1983). *High School and Beyond Transcript Survey (1982), Data file user's manual.* Washington, DC: National Center for Education Statistics.

Information about HS&B is available online at http://nces.ed.gov/surveys/hsb/.

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Monitoring the Future

The Monitoring the Future (MTF) Study is a continuing series of surveys intended to assess the changing lifestyles, values, and preferences of American youth. Each year since 1975, high school seniors from a representative sample of public and private high schools have participated in this study. The 2002 survey is the 12th to include comparable samples of 8th- and 10th-graders in addition to seniors. The study is conducted by the University of Michigan's Institute for Social Research (ISR) under a grant from the National Institute on Drug Abuse. The survey design consists of a multi-stage random sample where the stages include selection of geographic areas, selection of one or more schools in each selected area, and selection of a sample of students within each school. Data are collected in the spring of each year using questionnaires administered in the classroom by representatives from ISR. The 2002 survey included 13,544 high school seniors from 120 schools, 14,683 10th-graders from 133 schools, and 15,489 8th-graders from 141 schools (a total of 43,716 students from 394 schools).

Information about MTF is available online at http://www.nida.nih.gov/DrugPages/MTF.html and http://monitoringthefuture.org/

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National Assessment of Educational Progress

The National Assessment of Educational Progress (NAEP) is mandated by Congress to monitor continuously the knowledge, skills, and performance of the Nation's children and youth. To measure long-term trends in educational performance, NAEP has periodically assessed students ages 9, 13, and 17 in reading, mathematics, and science since the early 1970s. To ensure accurate measurement of trends, items and procedures have remained the same in each assessment. A variation of matrix sampling is used so that the results from a large number of items can be generalized to an entire population. Nationally representative samples of approximately 15,000 students were assessed in each subject in 1999, the last year for which results were available as of this printing. An estimated 10 percent of the school population is classified as having a disability or limited English proficiency. Nearly half of these students have been included in assessments, although the percentages vary by grade and subject being assessed. In its short-term assessments described below, NAEP is starting to offer accommodations to disabled and limited English proficient students to remove barriers to their participation.

NAEP also conducts assessments in various academic subjects to measure short-term trends for periods of approximately 10 years. Data from many of these assessments are available for participating States as well as the Nation as a whole.

Students in public and nonpublic schools are sampled. A charter school could be sampled, since such schools are within the universe of public schools, but home-schoolers are not included.

Information about NAEP is available online at http://nces.ed.gov/nationsreportcard.

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National Assessment of Educational Progress High School Transcript Studies

Conducted in association with NAEP, the High School Transcript Study (HSTS) provides coursetaking and demographic information for a nationally representative, stratified sample of high school seniors. Sample sizes have ranged from approximately 21,000 to 25,000 students in approximately 300 schools. The HSTS provides the Department of Education and other education policymakers with information regarding current course offerings and coursetaking patterns in the Nation's secondary schools. In addition, it provides information on the relationship of student coursetaking patterns to achievement as measured by NAEP. Excluded students were those who did not graduate from high school, had not received a "regular" or "honors" diploma, or did not have complete transcript data. For all transcripts and samples, a course identification code number, based on the Classification of Secondary School Courses (CSSC), was assigned to each course taken by a student. Courses were further classified into subject (e.g., mathematics) and program (e.g., academic) areas using a 1998 revision of the CSSC (Bradby, D. and Hoachlander, E.G. (1999). *1998 Revision of the secondary school taxonomy.* Washington, DC: National Center for Education Statistics).

More information about the NAEP HSTS can be found in U.S. Department of Education. National Center for Education Statistics. *The 1998 High School Transcript Study Tabulation: Comparative Data on Credits Earned and Demographics for 1998, 1994, 1990, 1987, and 1982 High School Graduates,* (NCES 2001-498) by Stephen Roey, Nancy Caldwell, Keith Rust, Eyal Blumstein, Tom Krenzke, Stan Legum, Judy Kuhn, Mark Waksberg, and Jacqueline Haynes.

Information about the NAEP High School Transcript Study is available online at http://nces.ed.gov/nationsreportcard/studies/hsts.asp.

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National Crime Victimization Survey

The National Crime Victimization Survey (NCVS) is the Nation's primary source of information on criminal victimization. In earlier years, researchers obtained data from a nationally representative sample of roughly 49,000 households that include more than 100,000 persons ages 12 and older on the frequency, characteristics, and consequences of criminal victimization in the United States. In recent years, the sample size for the NCVS has been decreased. The sample for the most recent year, 2000, was 43,000 households and 80,000 persons ages 12 and older. The survey reports the likelihood of victimization by rape, sexual assault, robbery, assault, theft, household burglary, and motor vehicle theft for the population as a whole, as well as for segments of the population such as adolescents over age 11, women, the elderly, members of various racial groups, city dwellers, and other groups. Victims are also asked whether they reported the incident to the police and, in the instances of personal violent crimes, they are asked about the characteristics of the perpetrator. The NCVS provides the largest national forum for victims to describe the impact of crime and the characteristics of violent offenders. It has been ongoing since 1973 and was redesigned in 1992.

Information about the NCVS is available online at http://www.ojp.usdoj.gov/bjs/cvict.htm#Programs.

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National Education Longitudinal Study of 1988

The National Education Longitudinal Study of 1988 (NELS:88) is a longitudinal study of the 8th-grade class of 1988 sponsored by the National Center for Education Statistics (NCES). The Base Year survey was administered to about 24,000 8th-graders in more than 1,000 schools with an 8th-grade class. The First, Second, Third, and Fourth Follow-up surveys revisited the same sample of students in 1990, 1992, 1994, and 2000 when most of the 1988 8th-graders were in 10th-grade, in 12th-grade, and then 2 and 6 years out of high school. For each in-school follow-up, the student sample was "freshened" to obtain a representative cross-sectional sample of 10th-graders (in 1990) and 12th-graders (in 1992). In-school waves entailed the administration of a student questionnaire and a battery of cognitive tests in the subject areas of mathematics, English, science, and social studies/history. Students' teachers, principals, and parents were also surveyed. In addition, as part of the Second Follow-up, high school transcripts were collected for (1) all students attending a subset of Second Follow-up schools selected for the transcript study; (2) all dropouts and dropouts attending alternative programs who had attended high school for a minimum of one term; (3) all early graduates; and (4) sample members with disabilities that prevented them from completing a questionnaire and cognitive test battery in the Base Year, First Follow-up, and Second Follow-up. Transcripts were coded using the Classification of Secondary School Courses as updated for the 1990 National Assessment of Educational Progress, High School Transcript Study. Students were subsequently surveyed in the Third and Fourth Follow ups through Computer Assisted Telephone Interviewing (CATI).

In this report the analysis sample for indicators that used NELS:88 transcript data consisted of all 1992 high school graduates with complete transcripts. Of the 17,285 students on the transcript file, 13,506 students were high school graduates with complete transcripts.

Information on the NELS:88 Second Follow-up Survey and the Transcript Study can be found in Ingels, S.J., Dowd, K.L., Baldridge, J.D., Stripe, J.L., Bartot, V.H., and Frankel, M.R. (1994). *National Education Longitudinal Study of 1988 Second Follow-Up: Student component data file user's manual* (NCES 94-374). Washington, DC: National Center for Education Statistics.

Ingels, S.J., Dowd, K.L., Taylor, J.T., Bartot, V.H., Frankel, M.R., and Pulliam, P.A.(1995). *National Education Longitudinal Study of 1988 Second Follow-Up: Transcript Component Data File User's Manual.* Washington, DC: National Center for Education Statistics (NCES 95-377).

Information about NELS 88 is available online at http://nces.ed.gov/surveys/nels88/.

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National Health and Nutrition Examination Survey

The National Health and Nutrition Examination Survey (NHANES) is conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention. The survey is designed to assess the health and nutritional status of the non-institutionalized civilian population through direct physical examinations and interviews, using a complex stratified, multi-stage, probability sampling design. Interviewers obtain information on personal and demographic characteristics, including age, household income, and race and ethnicity by self-reporting or as reported by an informant. The first survey, NHANES I, was conducted during the period 1971-1974; NHANES II covered the period 1976-1980; and NHANES III covered the period 1988-1994. Only NHANES III (in its first phase, conducted 1988-91), however, collected data on serum cotinine levels. NHANES III provided cotinine data for children ages 4-17. Descriptions of the survey design, the methods used in estimation, and the general qualifications of the data are presented in the following:

- Plan and Operation of the Third National Health and Nutrition Examination Survey, 1988-94: Series 1: Programs and Collection Procedures, No. 32. *Vital and Health Statistics,* Hyattsville, MD: National Center for Health Statistics.

Starting in 1999, NHANES changed to a continuous survey visiting 15 U.S. locations per year and surveying and reporting for approximately 5,000 people annually. However, two or more years of data are necessary for adequate sample sizes for sub-group analyses.

NHANES Data Used to Calculate the Healthy Eating Index. The Federal Government's National Health and Nutrition Examination Survey (NHANES) provides information on people's consumption of foods and nutrients, as well as extensive health-related data, and information about Americans' demographic and socioeconomic characteristics. NHANES data for 1999-2000—the most recent data available—were used to compute the HEI. Previous HEI reports were based on data from the Federal Government's Continuing Survey of Food Intakes by Individuals (CSFII).

NHANES 1999-2000 is a complex, multistage probability sample of the civilian noninstitutionalized population of the United States. Individuals of all ages were sampled. The NHANES 1999-2000 sample includes expanded samples of Mexican Americans, African Americans, adolescents 12 to 19 years, and adults 60 years and older. In 2000, the sample individual selection probabilities were modified to increase the number of sampled persons in low-income, non-Hispanic White population domains. Additionally, screening and sampling rates were adjusted for women of childbearing age to increase the number of pregnant women included in the sample. Statistical weights were used to make the sample representative of the U.S. population. For more information on the NHANES data, see http://www.cdc.gov/nchs/data/nhanes/guidelines1.pdf.

The HEI was computed for all individuals 2 years and older, because dietary guidelines are applicable to people of these ages only. Pregnant women were excluded from this analysis because of their special dietary needs. The final analytical sample size was 8,070 people.

Information about NHANES is available online at http://www.cdc.gov/nchs/nhanes.htm.

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National Health Interview Survey

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey of the noninstitutionalized civilian population in which data are collected during personal household interviews. Interviewers obtain information on personal and demographic characteristics, including race and ethnicity, by self-reporting or as reported by a member of the household. Investigators also collect data about illnesses, injuries, impairments, chronic conditions, activity limitation caused by chronic conditions, utilization of health services, and other health topics. Each year the survey is reviewed and special topics are added or deleted. For most health topics, the survey collects data over an entire year.

The NHIS sample includes an oversample of Black and Hispanic persons and is designed to allow the development of national estimates of health conditions, health service utilization, and health problems of the noninstitutionalized civilian population of the United States. The response rate for the ongoing part of the survey has been between 94 and 98 percent over the years. In 1997, the NHIS was redesigned; estimates beginning in 1997 are likely to vary slightly from those for previous years. Interviewers collected information for the basic questionnaire on 100,618 persons in 2000, including 28,495 children.

Descriptions of the survey design, the methods used in estimation, and the general qualifications of the data are presented in:

Massey, J.T., Moore, T.F., Parsons, V.L., and Tadros, W. (1989). Design and estimation for the National Health Interview Survey, 1985-1994. *Vital and Health Statistics, 2* (110). Hyattsville, MD: National Center for Health Statistics.

Botman, S.L., Moore, T.F., Moriarity, C.L., and Parsons, V.L. (2000). Design and estimation for the National Health Interview Survey, 1995-2004. *Vital and Health Statistics, 2* (130). Hyattsville, MD: National Center for Health Statistics.

Additional background and health data for children are available in Blackwell, D and Tonthat, L. (2002). Summary statistics for U.S. children: National Health Interview Survey, 1998. *Vital and Health Statistics, 10* (208). Hyattsville, MD: National Center for Health Statistics.

Information about the NHIS is available online at http://www.cdc.gov/nchs/nhis.htm.

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National Household Education Survey

The National Household Education Surveys Program (NHES), conducted by the National Center for Education Statistics (NCES), collects detailed information about education issues through a household-based survey using telephone interviews. The sample for the NHES is drawn from the noninstitutionalized civilian population in households having a telephone in the 50 States and the District of Columbia. In each survey, between 44,000 and 60,000 households are screened to identify persons eligible for one of the topics. Generally, each collection covers two topical surveys, and researchers conduct between 2,500 and 25,000 interviews for each survey. The data are weighted to permit nationally representative estimates of the population of interest. In addition, the NHES design samples minorities at a higher rate than nonminorities to increase the reliability of estimates for these groups.

The 1991 NHES included a survey on early childhood program participation. Investigators screened approximately 60,000 households to identify a sample of about 14,000 children, ages 3 to 8. They interviewed parents in order to collect information about these children's educational activities and the role of the family in the children's learning. In 1993, NCES fielded a school readiness survey in which parents of approximately 11,000 children age 3 through second grade were asked about their children's experiences in early childhood programs, developmental level, school adjustment and related problems, early primary school experiences, general health and nutrition status, home activities, and family characteristics, including family stability and economic risk factors. In 1995, NCES also fielded an early childhood program participation survey, similar to that of 1991. It entailed screening approximately 44,000 households and interviewing 14,000 parents of children from birth through third grade. In 1996, NCES fielded a survey of parent and family involvement in education, interviewing nearly 21,000 parents of children from age 3 through 12th grade. About 8,000 youth in grades 6 through 12 were also interviewed about their community service and civic involvement. The 1999 NHES was designed to collect end-of-the-decade estimates of key indicators collected in previous NHES surveys and also collected data from children and their parents about plans for the child's education after high school. Interviews were conducted with 24,000 parents of children ranging from newborns through 12th-graders, approximately 8,000 students in grades 6 through 12 in the youth interview, and nearly 7,000 adults.

Three surveys were fielded as part of the 2001 NHES. The Early Childhood Program Participation survey was similar in content to the 1995 collection and collected data about the education of 7,000 prekindergarten children ranging in age from birth to 6. The Before- and After-School Programs and Activities survey collected data about nonparental care arrangements and educational and noneducational activities in which children participate before- and after-school. Data were collected for approximately 10,000 kindergarten through 8th graders. The third survey fielded in 2001 was the Adult Education and Lifelong Learning survey, which gathered data about the formal and informal educational activities of 11,000 adults.

Information about the NHES is available online at http://nces.ed.gov/nhes.

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National Immunization Survey

The National Immunization Survey (NIS) is a continuing nationwide telephone sample survey of families with children ages 19 to 35 months. Estimates of vaccine-specific coverage are available for the Nation, the States, and 28 urban areas.

The NIS uses a two-stage sample design. First, a random-digit-dialing sample of telephone numbers is drawn. When households with age-eligible children (19-35 months) are contacted, the interviewer collects information on the vaccinations received by all age-eligible children. The interviewer also collects information on the vaccination providers. In the second phase, all vaccination providers are contacted by mail. Providers' responses are combined with information obtained from the households to render estimates of vaccination coverage levels more accurately. Final estimates are adjusted for noncoverage of households without telephones.

Information about the NIS is available online at http://www.nisabt.org and on the NIS website at http://www.cdc.gov/NIP/coverage.

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National Linked File of Live Births and Infant Deaths

The National Linked File of Live Births and Infant Deaths is a data file for research on infant mortality. Beginning with the 1995 data, this file is produced in two formats. The file is released first as a period data file and later as a cohort file. In the birth cohort format, it includes linked vital records for infants born in a given year who died in that calendar year or the next year, before their first birthday. In the period format, the numerator consists of all infant deaths occurring in one year, with deaths linked to the corresponding birth certificates from that year or the previous year. The linked file includes all the variables on the national natality file, as well as medical information reported for the same infant on the death record and the age of the infant at death. The use of linked files prevents discrepancies in the reporting of race between the birth and infant death certificates. Although discrepancies are rare for White and Black infants, they can be substantial for other races. National linked files are available starting with the birth cohort of 1983. No linked file was produced for the 1992 through 1994 data years. Match completeness for each of the birth cohort files is about 98 percent.

For more information, see:

Prager, K. (1994). Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. *Vital and Health Statistics, 20* (24). Hyattsville, MD: National Center for Health Statistics.

Mathews, T.J., Menacker F., and MacDorman, M.F. (2002). Infant mortality statistics from the 2000 period linked birth/infant death data set. *National Vital Statistics Report, 50* (12). Hyattsville, MD: National Center for Health Statistics.

Information about the National Linked File of Live Births and Infant Deaths is available online at http://www.cdc.gov/nchs/linked.htm.

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National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics (NCHS) collects and publishes data on births and deaths in the United States. NCHS obtains information on births and deaths from the registration offices of all States, New York City, and the District of Columbia.

Demographic information on birth certificates, such as race and ethnicity, is provided by the mother at the time of birth. Hospital records provide the base for information on birthweight, while funeral directors and family members provide demographic information on death certificates. Medical certification of cause of death is provided by a physician, medical examiner, or coroner.

Information on Hispanic origin. The number of States gathering information on births to parents of Hispanic origin has increased gradually since 1980-81, when 22 States included this information on birth certificates. By 1993, the Hispanic origin of the mother was reported on birth certificates in all 50 States and the District of Columbia. Similarly, mortality data by Hispanic origin of decedent have become more complete over time. In 1997, there was complete reporting of deaths by Hispanic origin in all 50 states and the District of Columbia.

Population denominators. The natality and mortality rates shown in this report for 1991-2000 have been revised, based on populations consistent with the census conducted on April 1, 2000. Rates previously published in *America's Children: Key National Indicators of Well-Being* were based on populations projected from the 1990 census. The population estimates for 2000 and 2001 can be found on the Internet at: http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm. It was necessary to create population estimates for 2000 and 2001 that were consistent with the race categories used in the 1990 Census. The revised intercensal population estimates for 5-year age groups for 1991-99 can also be found on the Internet at: http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm. The estimates for females 15-19 years were adjusted to obtain population denominators for birth rates for teenagers 15-17 years (Health9) and birth rates for unmarried teenagers (Pop7.A).

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Detailed information on the methodologies used to develop the revised populations, including the populations for birth rates for teenagers and birth rates for unmarried teenagers, is presented in several publications.

For more information about these methodologies, see:

Ventura, S.J., Hamilton, B.E., Sutton, P.D. (2003). Revised birth and fertility rates for the United States, 2000 and 2001. *National Vital Statistics Reports, 51* (4). Hyattsville, MD: National Center for Health Statistics.

Hamilton, B.E., Sutton, P.D., and Ventura, S.J. (2003). Revised birth and fertility rates for the 1990s: United States, and new rates for Hispanic populations, 2000 and 2001. *National Vital Statistics Reports, 51.* (In preparation.) Hyattsville, MD: National Center for Health Statistics.

National Center for Health Statistics. (2002). Unpublished estimates of the April 1, 2000, United States population by age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. 2002. Available on the Internet at:
http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm

Ingram, D.D., Weed, J.A., Parker, J.D., Hamilton, B.E., Schenker, N., Arias, E, Madans, J. (2003, forthcoming) U.S. Census 2000 Population with Bridged Race Categories. Vital Health Stat 2.

Anderson, R.N., Arias, E. (2003). The Effect of Revised Populations on Mortality Statistics for the United States, 2000. *National Vital Statistics Reports, 51* (In preparation) Hyattsville, MD: National Center for Health Statistics.

Preliminary data. NCHS continuously receives statistical records from the States' vital registration systems, providing preliminary data. Investigators weight individual records of births and deaths to independent counts of vital events registered in each State and reported to NCHS. These independent counts, aggregated for a 12-month period, serve as control totals and are the basis for the individual unit record weights in the preliminary file. For selected variables, unknown or not-stated values are imputed. The percentage not stated is generally 1 percent or less.

For more information on national natality and mortality data, see:

National Center for Health Statistics. Technical Appendix. *Vital Statistics of the United States, I (Natality) (1992),* (DHHS Publication No. (PHS) 96-1100), and *II (Mortality), Part A* (1996) (DHHS Publication No. (PHS) 96-1101). Washington, DC: Public Health Service.

Information about the National Vital Statistics System is available online at http://www.cdc.gov/nchs/nvss.htm.

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Population Estimates

Decennial Census data serve as benchmarks for deriving national population estimates, which are also based on data from the following agencies: births and deaths (National Center for Health Statistics); immigrants (Immigration and Naturalization Service); Armed Forces (U.S. Department of Defense); net movement between Puerto Rico and the U.S. mainland (Puerto Rico Planning Board); and federal employees abroad (Office of Personnel Management and U.S. Department of Defense). Similar data serve as the basis for State estimates, which are also derived from a variety of data series, including school statistics from State departments of education and parochial school systems.

Customarily, after the decennial population census, intercensal population estimates for the preceding decade are prepared to replace postcensal estimates for that decade.

For more information, see U.S. Bureau of the Census. (1998). U.S. population estimates by age, sex, race, and Hispanic origin: 1980-1997. *Current Population Reports* (PPL-91R),Washington, DC.

Information about population estimates is available online at http://eire.census.gov/popest/estimates.php.

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Population Projections

The population projections for the U.S. is provisional and takes into consideration the results of the 2000 Census. It is based on the 2000 Census, official post-census estimates, as well as vital registration data from the National Center for Health Statistics. The assumptions are based on those used in 2000 with some adjustments for consistency with new information. These projections have not been calculated for race or Hispanic origin. Projections in the Racial and Ethnic Composition table are based on the most recent population estimates from the 1990 Census.

Low, middle, and high growth assumptions are made about fertility, mortality, and international migration. The current middle series assumptions are that:

- Fertility will see little change over time, with levels for each racial/ethnic group converging to about 2.1 children per woman in the long run.
- Mortality will continue to improve, with life expectancy for each racial/ethnic group converging to about 90 years by 2100.
- Net international migration will fluctuate, with levels in 2100 becoming lower than those in 1999. In the long run, levels of in-migration for Hispanic and White populations will decrease, while Asian and African in-migration will increase.

For more information, see U.S. Bureau of the Census. (1996). *Population projections of the United States by age, sex, race, and Hispanic origin* (1130, Series P25). Washington DC: U.S. Bureau of the Census.

Information about population the most current projections is available online at http://www.census.gov/population/www/projections/natproj.html.

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Survey of Income and Program Participation

Core survey and topical modules. Implemented by the U.S. Census Bureau since 1984, the Survey of Income and Program Participation (SIPP) is a continuous series of national longitudinal panels, with a sample size ranging from approximately 14,000 to 36,700 interviewed households. The duration of each panel ranges from 2½ years to 4 years, with household interviews every 4 months.

The SIPP collects detailed information on income, labor force participation, participation in government assistance programs, and general demographic characteristics to measure the effectiveness of existing government programs, to estimate future costs and coverage of government programs, and to provide statistics on the distribution of income in America. In addition, topical modules provide detailed information on a variety of subjects, including health insurance, child care, adult and child well-being, marital and fertility history, and education and training. The U.S. Census Bureau releases cross-sectional, topical modules and longitudinal reports and data files. In 1996, the SIPP questionnaire was redesigned to include a new 4-year panel sample design and the computer-assisted personal interviewing method.

Information about the SIPP is available online at http://www.sipp.census.gov/sipp.

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Surveys on Radon Awareness and Environmental Tobacco Smoke Issues

In 1994 and 1996, EPA's Indoor Environments Division commissioned a commercial contractor, Survey Communications, Inc., to conduct surveys on radon awareness and environmental tobacco smoke issues. Approximately 31,000 households in the 50 States were contacted in 1994 and 1996. All interviews were conducted by telephone using a random digit dialing sampling methodology. Both the 1994 and the 1996 surveys asked whether the household included any children under the age of 7. In addition, they asked the following:

- Does anyone in your household smoke cigarettes, cigars, or a pipe?
- Do you allow anyone to smoke in your home on a regular basis?

In the 1994 survey, 6,411 households had children under age 7. In the 1996 survey, 6,851 households had children under the age of 7. The percentages of homes with children under age 7 in which someone smokes, or in which someone smokes regularly, were obtained by crossing the question on children with the appropriate question on smoking in the household.

In 1999, EPA commissioned the Center for Survey Research and Analysis at the University of Connecticut to conduct a similar but much smaller survey. The results of this survey were based on 1,005 telephone interviews with respondents located in the contiguous 48 states, using a random digit dialing sampling methodology. The survey questions regarding smoking in the home were similar to the questions in the 1994 and 1996 surveys. In the 1999 survey there were 225 households with children 6 years of age or younger.

Although the 1999 survey was substantially smaller than the 1994 and 1996 surveys, all three surveys were designed to produce nationally representative samples.

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Uniform Crime Reports

The Federal Bureau of Investigation's (FBI's) Uniform Crime Reports (UCR) Program, which began in 1929, collects information on the following crimes reported to law enforcement authorities: homicide, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, and arson. Arrests are reported for 21 additional crime categories.

The UCR data are compiled from monthly law enforcement reports or individual crime incident records transmitted directly to the FBI or to centralized State agencies that then report to the FBI. In 1997, law enforcement agencies active in the UCR Program represented approximately 254 million U.S. inhabitants—94 percent of the total population. The UCR Program provides crime counts for the Nation as a whole, as well as for regions, States, counties, cities, and towns. This permits studies among neighboring jurisdictions and among those with similar populations and other common characteristics.

UCR findings for each calendar year are published in a preliminary release in the spring, followed by a detailed annual report, *Crime in the United States,* issued in the following calendar year. In addition to crime counts and trends, this report includes data on crimes cleared, persons arrested (age, gender, and race), law enforcement personnel (including the number of sworn officers killed or assaulted), and the characteristics of homicides (including age, gender, and race of victims and offenders, victim-offender relationships, weapons used, and circumstances surrounding the homicides). Other special reports are also available from the UCR Program.

Information about the UCR is available online at http://www.fbi.gov.

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